Toward an Understanding of the Experiences of Commercially Sexually Exploited Children

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TOWARD AN UNDERSTANDING OF THE EXPERIENCES OF COMMERCIAL SEXUALLY EXPLOITED CHILDREN

By

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A DISSERTATION

Submitted to the Faculty of the University of Miami in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Coral Gables, Florida

August 2017
TOWARD AN UNDERSTANDING OF THE EXPERIENCES OF COMMERCIAL SEXUALLY EXPLOITED CHILDREN

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There is a paucity of systematic research examining the experiences of commercially 
sexually exploited children (CSEC). Notably absent from the discourse are the voices of 
survivors themselves, impeding the provision of effective and culturally appropriate 
services to survivors and the prevention of youth victimization (Godziak, 2008). This 
dissertation aims to address a dearth in the literature surrounding CSEC using 
Photovoice, an innovative and arts-based methodology grounded in the principles of 
community-based participatory research (CBPR) (Wang, 1999). A group of 15 female 
survivors participated in the study, contributing to the field’s understanding of childhood 
commercial sexual exploitation. Survivors ranged in age from 14 to 22 and met weekly 
over a period of three months. A model of exploitation was collaboratively developed 
following a grounded theory analysis of photographic images, audio-recorded critical 
discussions, and written materials. The results of this study are expected to have 
theoretical and practical implications for the prevention of exploitation, the clinical 
treatment of survivors, and policy. Further, survivors concluded the transformative 
project by participating in a local initiative facilitating artistic expression, raising local
consciousness surrounding the issue of child sexual exploitation, and empowering young survivors to advocate on behalf of their communities.
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Chapter One: Introduction

Modern Slavery

In 1864, the United States Senate approved the 13th amendment to the Constitution, declaring that “neither slavery nor involuntary servitude…shall exist within the United States” (Bales & Soodalter, 2009). In 2012, 150 years after the Emancipation Proclamation was signed, President Barack Obama remarked in front of the Global Clinton Health Initiative:

I want to discuss an issue that...ought to concern every person, because it is a debasement of our common humanity. It ought to concern every community because it tears at our social fabric. It ought to concern every business because it distorts markets. It ought to concern every nation, because it endangers public health and fuels violence and organized crime. I’m talking about the injustice, the outrage, of human trafficking, which must be called by its true name, modern slavery.

When human beings are traded for the purpose of forced labor, peonage, domestic servitude, stripping, pornography, prostitution, or organ removal, it is referred to as “human trafficking” or “modern slavery” (Rosenblatt, 2014; UNODC, 2009). The United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons (2000) defines “human trafficking” as the “recruitment, transportation, transfer, harboring or receipt of persons by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving payments or benefits to achieve the consent of a person having control over another person for the purposes of exploitation” (United Nations, 2000; Article 3a).
Trafficked individuals are often kidnapped or enticed with false promises prior to being sold into an underground economy. Some might initially enter into arrangements consensually, but when they are restricted from exiting the life, their treatment constitutes trafficking (Yakushko, 2009).

Globalization has created a greater demand for cheap labor and sex, causing an increase in the number of people being trafficked (Yakushko, 2009; Monzini, 2005; Omelaniuk, 2005). Vulnerable populations, such as women and children from marginalized or low income communities, are at higher risk for exploitation (American Psychological Association, 2014). In fact, data from the Institute for Migration (IOM) shows that nearly 80% of those trafficked are women and 75% of those are 25 years old or younger (Omelaniuk, 2005). While the trafficking of children for sex and labor is not a new phenomenon (Gozdziak & Collett, 2005; Monzini, 2005), an increase in the commercialization of this practice has triggered the attention of the global community (Gozdziak & Collett 2005; Estes & Weiner, 2001).

Section 103(8) of the Victims of Trafficking and Violence Protection Act of 2000 defines “extreme forms of trafficking” as “a commercial sex act that is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age”. As this definition indicates, any situation in which a legal minor engages in prostitution, pornography, stripping, live-sex shows, mail-order marriage, military prostitution or sex tourism in exchange for any object of value constitutes “sex trafficking” (Covenant House, 2013). Youth might engage in commercial sexual activity as a result of “force, fraud, and coercion” by a trafficker or pimp, or engage in “survival
sex”, trading sexual acts in order to meet their basic needs due to a lack of perceived alternatives (Covenant House, 2013).

**An Oversimplified Narrative**

For years, domestic youth who were forced to engage in prostitution were ignored or treated with contempt, being labeled as prostitutes and criminals (Covenant House, 2013). Popular media recently shifted this paradigm, focusing instead on an oversimplified and repetitious narrative, where a young woman is approached by a male pimp, manipulated or forced into prostitution, and later “rescued” by law enforcement or non-profit organizations (Marcus et al., 2014). This popular narrative often focuses on the international movement of women from developing countries into destination countries, despite overwhelming evidence that sexual exploitation is occurring domestically (Yakushko, 2009).

The oscillating storyline is problematic for several reasons. To begin, the anti-trafficking movement has hyper-focused on the prostitution of women and girls, to the detriment of victims subjected to other forms of human trafficking, including forced labor, peonage, domestic servitude, stripping, pornography, mail order brides, and organ removal (UNODC, 2014). Further, the diverse array of people subjected to exploitation, including men, trans women, trans men, genderqueer youth, people of color, people in developing countries, and domestic youth are overlooked due to a focus on foreign cisgender women and children. As such, the term “human trafficking” is oftentimes conflated with “sex trafficking of women and children” in popular discourse.

The popular narrative of human trafficking serves several purposes. To begin, it functions to protect the public from acknowledging that they are complicit in the
exploitation of fellow human beings. The pervasive nature of human trafficking is such that it is difficult to avoid participating in an economic system built on those who have been abused, exploited, and trafficked. Victims of trafficking can be found in the sex trade, in domestic servitude, in restaurants or bars, in the drug trade, in service industries, in migrant farm work, in construction, in diamond mines, and in a warlord's army (Reid, 2012). Many of the products we use, the clothing we wear, the food we consume, the entertainment we enjoy, and the buildings in which we live exist as a direct result of the exploitation of others.

Similarly, our focus on the trafficking of women by male pimps and organized crime networks serves to absolve greater society of responsibility for placing human beings in a position where they are vulnerable to exploitation. The pimp becomes the agent of abuse, rather than forcing us to reflect on the way our economic and social structure might impact those who are marginalized. For example, Sanghera (2005) points out that street children who have no institution to depend on, no family unit to rely on, and no responsible adult to care for them are additionally faced with laws against legitimate employment. As such, they are often left feeling that they have no alternative but to participate in hidden economies that are unprotected and underpaid. Dank (2015) argues that transgender youth of color are particularly vulnerable to exploitation due to their frequent throwaway status, lack of viable employment opportunities, and marginalization from mainstream culture. While many of these youth are victims of force, fraud, and coercion, they are also victims of a sexist, heterosexist, racist, xenophobic, and classist patriarchal culture that does not afford them the opportunity to pursue viable alternatives.
Ironically, when these same children engage with an underground economy (be it sex work or otherwise) as a way to meet their basic needs, our society often pathologizes and criminalizes those who do not fit into the popular conceptualization of what it means to be “trafficked” (Sanghera, 2005; Dank, 2015). For this reason, African American minors are reported as more likely to be arrested due to being prostituted than prostituted minors of other races and to have a more difficult time escaping “the life” (Clawson et al., 2009; Flowers, 2001). The dominant anti-trafficking discourse dichotomizes sexually exploited youth into juvenile delinquents in need of discipline or powerless victims in need of rescue, neglecting to capture the multiplicity of standpoints that exist in between (Sanghera, 2005). While the standard narrative might capture the experiences of some survivors, it is certainly not ubiquitous, exhaustive, or complete. Without a comprehensive understanding of the intricate experiences of commercially sexually exploited children (CSEC), our ability to identify victims, provide effective services, prevent repeat victimization, and prosecute offenders is limited (Goździak, 2008).

Consistent with federal law (TVPA, 2000) and research previously conducted with this population (Curtis et al., 2008; Dank, 2009), this study will define CSEC as legal minors who perform sexual acts in exchange for money, drugs, food, or shelter. Additionally, there will be a conscious use of terms that emphasize victimhood, such as “commercially sexually exploited youth” or “survivor of sexual exploitation”, rather than terms which portray youth as offenders, such as “juvenile prostitute” or “child sex worker”. Rather than attempting to simplify the issue, this study will attempt to add complexity to the conversation surrounding the commercial sexual exploitation of youth.
Gaps in the Literature

Commercial sex trafficking has gained increased consideration among academics, policy makers and activists as a violation of basic human rights (American Psychological Association, 2014). Additionally, it has entered the public consciousness through popular media outlets such as magazines, television, and film (Yakushko, 2009). Despite this increased interest, little systematic research has been conducted in this arena (Goździak, 2008). The literature thus far reflects the work of governmental agencies and non-governmental organizations (NGOs), leaving a serious dearth in scholarly inquiry (Laczko & Gramegna, 2003). A 2008 survey of research-based English language publications on human trafficking, conducted by Godziak and Bump and supported by a grant from the National Institute of Justice (NIJ), identified 255 peer-reviewed journal articles. Of these, only 59 were based on empirical research. The remainder included reviews of literature and theoretical pieces. Goziak (2008) posits that peer-reviewed journals publish non-empirical manuscripts on human trafficking because academic interest in this issue continues despite the difficulty of conducting empirical research with this population.

As Sanghera (2005) points out, the dominant anti-trafficking discourse is not evidence-based, but is instead grounded in the construction of an idea based on anecdotal evidence and theorizing, or what she refers to as the “mythology of trafficking” (p.4). Most notably absent from the discourse are the voices of trafficked persons themselves. Many studies rely on interviews with key stakeholders, such as case managers, faith-based service providers, or prosecutors, who may be incentivized to promote their own
biases. The predominant methodology for these studies is in-depth interviewing, which is often unsubstantiated by the triangulation of data or is inclusive of small samples. Additionally, interviews are, by their very nature, guided by the interests of the researcher who chooses which questions should be asked (Goździak, 2008). The field’s limited empirical understanding of this issue impedes the identification of trafficking victims, obstructs provision of culturally appropriate and effective services, and limits the prevention of repeat victimization for survivors (Goździak, 2008).

Particularly underrepresented in the literature are CSEC, or domestic minors who perform sexual acts in exchange for money, drugs, food or shelter (Curtis at al., 2008). This population primarily includes runaway and homeless youth, children who have been sexually, physically and/or emotionally abused, youth who are unable to find legitimate employment due to a lack of opportunity or education, and children who are vulnerable to manipulation by an adult looking to make a profit (Curtis et al., 2008). Shelter is a commodity often traded in return for sexual activity (Covenant House, 2013). Race, poverty, and violence are closely bound, indicating that structural factors such as high rates of drug use, chronic unemployment, and crowded housing conditions contribute to high rates of violence and victimization in low income communities (Chonody et al., 2013). As such, youth from ethnic and racial minority backgrounds have increasingly been targeted by traffickers (American Psychological Association, 2014). Environmental factors such as the presence of a flourishing adult prostitution market or a large quantity of transient males in a local community contribute to a climate where sexual exploitation is more likely (Estes & Weiner, 2001). The Polaris Project (2013) found that a significant
portion of trafficked minors had interacted with the child welfare system in some capacity while in their trafficking situation.

While the exact number of CSEC in the United States is difficult to determine, the Department of Justice estimates that between 100,000 and three million domestic children are currently being forced into prostitution, pornography, and/or sexual slavery (Curtis et al., 2008). This range is large due to the hidden nature of the crime. As such, the scope of the problem remains vague, based on estimates derived from flawed methodology in an attempt to quantify a largely inaccessible population (Goździak, 2008). A 2013 study by Covenant House found that approximately one in four homeless youth receiving services at the shelter was either a victim of trafficking or had engaged in survival sex at some point in his or her life (Covenant House, 2013).

A 2013 report by Polaris Project tracks calls to the National Human Trafficking Resource Center’s 24-hour national, confidential, multi-modal hotline and resource center serving the United States and U.S. territories. From 2007 to 2012, 9,298 potential human trafficking cases were reported. Of those 2,668, or 29%, involved at least one child victim of human trafficking. Furthermore, 74% of child trafficking cases involved sex trafficking. The majority of child trafficking cases involved pimp-controlled prostitution, but children were also exploited in the pornography industry, escort services, commercial-front brothels, and residential brothels. Despite the lack of a reliable estimate, professionals and child advocates are concerned that the CSEC population has grown in recent years (Curtis et al., 2008). Increased communication via the Internet and globalization of the international economy have facilitated the sale of children (Coonan & Thompson, 2003).
The commercial sexual exploitation of youth is a particularly egregious crime, as children’s bodies are commodified and sold by a trusted adult to a consumer, combining elements of physical, psychological, and sexual abuse (Barnitz, 2001). Additionally, case histories of survivors reveal a long history of abuse prior to exploitation (Estes & Weiner, 2001). The impact of complex trauma is evident in work with survivors. Many CSEC present with substance-related disorders, dissociative disorders, impulse control, conduct disorder, attention-deficit/hyperactivity disorder, antisocial personality traits, and various environmental problems (Williamson, 2010). Mood and anxiety disorders such as obsessive compulsive disorder and Post Traumatic Stress Disorder (PTSD) are also common. Self-medication or development of survival skills might mask the presentation of complex traumatic reactions, making them difficult to identify (Alexander et al., 2005). For some victims, the trauma of social betrayal can result in a pervasive mistrust of others, impeding the work of well-meaning first responders and service providers (Clawson et al., 2008).

Research is needed to support the provision of clinical services to survivors of trafficking. Godziak and Bump (2008) suggest that too often victims of trafficking remain one-dimensional figures whose stories are condensed and simplified, which does not bode well for the development of culturally appropriate services. They advocate for the use of both quantitative and qualitative research to provide both a macro- and a micro-level understanding of the trafficking phenomenon. Further, they advocate for increased attention to the expertise and practical knowledge of non-governmental organizations and their experience in working with different groups, in order to develop appropriate assistance and treatment programs for survivors of trafficking.
The Present Study

In accordance with suggestions put forth by Godziak and Bump (2008), the present study relies on an in-depth qualitative analysis of the experiences of commercially sexually exploited youth in Miami, Florida through the use of photovoice methodology. According to Goździak (2008), the primary obstacle to conducting sound research with CSEC is gaining access to trafficked persons. She posits that service providers often perceive research efforts to be a potential opportunity for further exploitation of youth. Through a process of prolonged engagement with a local community organization, I found myself in a unique position with the capacity to help meet the needs of this special population.

Photovoice was the methodology of choice in this study, as the approach is designed to empower participants through their engagement with the research process. The three main goals of photovoice research are “to enable people (1) to record and reflect their personal and community strengths and concerns, (2) to promote critical dialogue and knowledge about personal and community issues through group discussions of photographs, and (3) to reach policymakers” (Wang, 1999, p.185). Photovoice embodies a community based participatory research (CBPR) model, where community members use cameras to visually document their lived experiences (Dolwick Grieb et al., 2012). This method is consistent with core CBPR principles including community empowerment, a strengths-based understanding of individual and community, co-learning, capacity building, and action-oriented research (Catalani & Minkler, 2010).

Participants are first trained to capture images that illustrate assets and concerns within their community. Next, they are encouraged to take photographs relevant to the
research topic and share them with the group. Participants are provided the opportunity to engage in group discussions about the images represented in the photographs. In addition, short writing exercises are often used to further explore the meaning of images. The use of photography enables participants to document their environments from their personal vantage point (Capous Desyllas, 2013b). This action empowers participants to identify, represent, and enhance their own community. Projects are intended to culminate in a participatory action component, such as a public exhibition of participants’ photos or printing of booklets to be shared with key community stakeholders. This final step provides participants with a forum in which to share their voices with individuals who can affect positive change (Capous Desyllas, 2013b; Wang & Burris, 1997).

Participatory photovoice initiatives have been shown to produce long-standing relationships between community agencies and research partners, allowing for continued advocacy initiatives and the development of a more comprehensive assessment of community assets and needs (Catalani & Minkler, 2010). Although photovoice has been implemented with a diverse range of participants, from early adolescents (Wilson et al., 2007) to senior citizens (Baker & Wang, 2006) and with marginalized communities in the United States, Asia, Africa, Latin America, and Europe (Catalani & Minkler, 2010), a review of the current literature presents no studies employing the methodology with domestic survivors of sexual exploitation. There are a handful of Photovoice studies exploring the experiences of sex workers and homeless women (Capous Desyllas, 2013b; Bukowski & Buetow, 2011), but none of these studies looked explicitly at the experiences of minors involved in the sex economy.
The primary research aims of this study are to (a) complicate the narrative by using photography to develop a rich phenomenological understanding of the experiences of minors who have been commercially sexually exploited and (b) empower participants to record and reflect on their personal and community strengths and concerns, engage in critical dialogue about personal and community issues through group discussions, and advocate for their needs. Secondary research aims will be based on emerging data and include: (a) gaining a deeper understanding of factors that might make youth vulnerable to exploitation, including individual, political, ecological, and systemic factors, with implications for preventative services and (b) exploring participants’ current level of functioning and resiliency, with implications for clinical treatment of CSEC.

In previous photovoice studies the titles “co-researchers” (Smith et al., 2012) and “artists” (Capous Desyllas, 2013b) have been used in lieu of “participants”. Consistent with the literature in this area of inquiry, I will use the word “survivors” and “co-researchers” to refer to participants.
Chapter Two: Literature Review

Defining the Problem

In order to perform a thorough review of the literature addressing the commercial sexual exploitation of youth, a working definition of the problem must first be established. While there is a shortage of reliable empirical research exploring this issue, there is no shortage of dense theoretical work attempting to define the problem (Gożydziak, 2008). Although there is no federally established definition of “human trafficking”, the Trafficking Victims Protection Act (TVPA) of 2000) and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, use a number of different terms to describe “compelled service”, including “involuntary servitude”, “modern slavery”, “debt bondage”, and “forced labor” (UNODC, 2014). Historically, definitions of human trafficking included the facilitation of movement or migration. More recently, however, federal legislation has acknowledged that people may be born into a state of servitude, transported to an exploitative situation, initially consent to work for a trafficker, or participate in a crime as a direct result of being trafficked. As such, definitions of trafficking often include, but do not require, movement (UNODC, 2014).

“Trafficking in persons” and “human trafficking” typically refer to the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion (UNODC, 2014). As such, sex trafficking might consist of transnational movement for the sale of sex, domestic migration for sex work, or static sexual exploitation in a local community (Gożydziak & Bump, 2008). If an adult is held in service through psychological manipulation or physical force, then their initial consent is not legally viable. As such, they are considered a
trafficking victim and are eligible to receive benefits outlined in the Palermo Protocol. When a legal minor is recruited, enticed, harbored, transported, provided, obtained, or maintained to perform a commercial sex act, then it is no longer necessary to prove the existence of force, fraud, or coercion (UNODC, 2014).

When a minor exchanges a sexual act such as prostitution, participation in pornography, nude dancing, or a live sex show for compensation, this process can be referred to as “sex trafficking” (Finklea et al., 2011), “domestic minor sex trafficking” (Kotrla, 2010), “sexual slavery” (Bales & Soodalter, 2009), “sexual exploitation” (Estes & Weiner, 2001), “juvenile prostitution” (Mitchell, et al., 2010), and/or “sexual risk taking” (Ennett et al., 1999). Moreover, these terms encapsulate youth who engage in commercial sexual activity as a result of “force, fraud, and coercion” by a trafficker or pimp (Lloyd, 2005) or engage in “survival sex”, trading sexual acts in order to meet their basic needs due to a lack of available alternatives (Covenant House, 2013).

The Trafficking Victim’s Protection Act of 2000 defines “severe forms of trafficking in persons,” as “a commercial sex act…induced by force, fraud or coercion or in which the person induced to perform such act is under 18 years of age” (TVPA, 2000, Sec. 103(8)). In this particular case, a “commercial sex act” refers to “any sex act, on account of which anything of value is given to or received by any person” (TVPA, 2000, Sec. 103(8)). In contrast to the treatment of adults, there appears to be a consensus among experts in the field that the prostitution of a minor is an act of trafficking, whether the youth’s actions are believed to be forced or voluntary (Smith, et al., 2012; Finklea et al, 2011). Although it is a type of sexual abuse, the commercial sexual exploitation of a minor
is distinct from traditional abuse in that it is motivated by commercial gain (Finlea, Fernandes-Alcantara, & Siskin, 2011).

At its core, the trafficking of a human being refers to the exploitation or enslavement of a person through a myriad of coercive, fraudulent, or forceful practices, resulting in commercial gain for another person. The party responsible for recruiting, harboring, enticing, transporting, providing, obtaining, or maintaining this person is understood to be their “trafficker”. The dominant narrative of “child sex trafficking” in the United States involves pimps luring girls into prostitution, then controlling, exploiting, and brutalizing them. While such situations undoubtedly exist, a thorough review of the literature paints a more complex picture of the situation (Dank et al., 2015; Marcus et al., 2014; Dank, 2011; Sanghera, 2005).

**Historical Context**

Although the subject of human trafficking has recently garnered increased international attention (Yakushko, 2013; Goździak, 2005), the anti-trafficking movement dates back to the end of the nineteenth century when the “White Slave Trade” became a fashionable cause among feminists. In contrast to the “Negro Slave Trade”, which was widely accepted as normal, “White Slavery” referred to the abduction and transport of white women for prostitution (Doezema, 2000). The issue received wide media coverage resulting in a number of governmental and non-profit organizations dedicated to combatting the practice. The International Agreement for the Suppression of the White Slave Trade, drafted in Paris in 1902, reflected a resultant change in international policy (Doezema, 2002). As a result of this movement and corresponding legislation,
prostitution and trafficking became linked at the end of the nineteenth century in Europe and North America.

During this period, industrialization, urbanization, and the unequal distribution of wealth led to increased migration, which exacerbated concerns regarding the movement of women for activities such as prostitution. Many feminists demanded the abolition of state-regulated brothels and an end to all prostitution (Outshoorn, 2005). The underground sex economy, however, continued to grow (Rafael, 2016). The 1980’s ushered in a renewed interest in the issue of prostitution as a public health concern due to the AIDS pandemic. As such, the issue of human trafficking once again became a salient issue for second wave feminists (Doezema, 2002; Wijers & Lap-Chew, 1997). The definition of prostitution and its link to trafficking served as a point of contention for feminists. During this time, women’s movement groups such as the International Labour Organization (ILO), UNICEF, and the International Organization for Migration (IOM) formed to engage in public anti-trafficking campaigns. At the same time, women in prostitution formed their own interest groups, giving rise to the sex workers’ rights movement in many countries (Outshoorn, 2005).

After years of lobbying by conflicting special interest groups, the UN General Assembly adopted the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children (Goździak, 2005). The current international definition of trafficking emerged in 2000 when this protocol was developed. Lobby efforts by religious and feminist organizations primarily represented the viewpoints of two opposing groups: the Human Rights Caucus, which saw prostitution as legitimate labor, and the Coalition against Trafficking in Women (CATW), which saw all
prostitution as a violation of women’s human rights (Doezema, 2002). One camp argued that “trafficking” should include all forms of recruitment and transportation for prostitution, regardless of whether or not force or deception took place. In contrast, the other camp supported the view that prostitution constitutes legitimate work and force or deception is a necessary component to the definition of human trafficking. The debate was essentially concerned with women’s ability to knowingly consent to prostitution as work or whether such consent is inherently the product of an abusive dynamic and is, therefore, not true consent. Ultimately, the protocol defined human trafficking as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation” (Goździak, 2005).

The Trafficking Victims Protection Act (TVPA) was also passed in 2000 and defined “sex trafficking” as “a commercial sex act…induced by force, fraud or coercion or in which the person induced to perform such act is under 18 years of age” (TVPA, 2000, Sec. 103(8)). This new definition minimized the role of movement, while highlighting the importance of “force, fraud, or coercion” in the trafficking process. Additionally, it delineated that while force and coercion are necessary components in the trafficking of an adult, they are not explicitly necessary in the trafficking of a legal minor. According to the TVPA (2000), if an individual has not reached the age of 18, then force, fraud, and coercion are not required for their involvement in the commercial sex industry.
to be deemed “sex trafficking”. This is because while there is the potential for adult
women to knowingly consent to sex, this option does not legally exist for minors.

Our society has determined that legal minors are incapable of knowingly
consenting to sex due to their level of developmental maturity, which may not allow them
to fully comprehend the consequences of their decisions (Sanghera, 2005). The age
demarcation for childhood is in agreement with the definition of a child by the
(UNCHR, 1992) and in The Worst Forms of Child Labour Convention No. 182 (ILO, 1999). According to the ratified convention, the definition of a child is binding despite
contradictory national legislation. Even in countries with legalized prostitution, the
commercial sexual exploitation of any individual under the age of 18 should be
prohibited (ILO, 1999).

The practice of sexualizing children, however, is not a new phenomenon. In
ancient Greece, pedophilia was a frequent occurrence. One essay by Plutarch delineates
best practices for fathers seeking to connect their sons with older men for sex (de Mause,
1998). In ancient Rome, sex with children was considered illegal if the child was a
Roman citizen, but aristocrats engaged in sex with children despite this taboo (de Mause,
1998; Wiedemann, 1989). Likewise, wealthy European aristocrats during the Renaissance
openly sought sexual favors from young children (Ten Bensel et al., 1997). Eskimo
parents used to loan their daughters to house guests as a token of hospitality (Radbill,
1987). In the 19th century, British doctors found that men and their daughters often
shared the same venereal disease. Similarly, when the Indian government attempted to
prohibit child marriages during the 1920’s, mothers protested for fear that if their daughters were not married, they would be raped by family members (de Mause, 1998).

Although children exposed to early sexual contact are more likely to experience PTSD, depression, suicide, sexual promiscuity, victim-perpetrator cycle, and low academic performance (Paolucci, Enuis, & Violato, 2001), it still occurs at alarming rates (Lampinen & Sexton-Radek, 2010). Estes and Weiner (2001) claim that approximately 105,000 substantiated cases of child sexual abuse occur in the U.S. each year. The majority of this abuse is perpetrated against children 12 years of age or younger and nearly all of it occurs in the privacy of the child’s own home (84%). Almost all (96%) of confirmed child sexual abuse cases are perpetrated by persons known either to the child or to the child’s family, such as neighbors, teachers, coaches, physicians (49%), or members of the child’s own family (47%). Contrary to widely held belief, only a small number of substantiated child sexual assaults are committed by strangers (4%).

Opposing Viewpoints

In order to understand the phenomenon of child sex trafficking, one must understand the current state of the corresponding literature. Ronald Weitzer (2005) asserts that ideology has “contaminated” the literature associated with the sex industry. Goździak (2008) explains that this claim extends to the discourse surrounding sexual exploitation and trafficking, an area where the processes of scientific inquiry are subject to the political and moral agenda of the researching agency (Weitzer, 2005, Goździak, 2008). To this day, deep divisions remain within the feminist movement regarding the definition of prostitution and its relationship to the trafficking of women. This ongoing debate is critical in the field as it drives efforts to help the victims of sex trafficking.
During the latter half of the nineteenth century, most first wave feminists agreed to the abolitionist goal of ending state regulation of brothels and deploying state power to stop all prostitution practices. The prostitute was to be “saved” by major abolitionist associations, many of which maintained strong connections to the Roman Catholic Church (Outshoorn, 2005). In the 1970’s, second-wave feminism engaged in two new major discourses regarding the rights of the prostitute: radical feminist thought, which was compatible with traditional abolitionism, and liberal feminist thought, which framed prostitution as sex work.

The radical feminist discourse, or “the sexual domination discourse,” viewed prostitution as a product of women’s oppression in a patriarchal culture (e.g., Barry 1979, 1995; Hughes and Roche 1999). All prostitution was viewed as sexual slavery and an expression of sexual violence against women, making it essential to abolish the practice, penalize those profiting from sexual exploitation, and “rescue” the prostitute. To those holding this position, prostitution was viewed as forced by definition, thereby rejecting the very notion of voluntary prostitution. Holding that no woman would prostitute herself by choice or free will, the prostitute was viewed as a victim, who required help to escape slavery and set up a prostitution-free life. More recently, this paradigm has framed prostitution as a violation of women’s human rights. Typically, the discourse surrounding this perspective focuses on the consequences of prostitution for women rather than offering an explanation for the causes of prostitution (Outshoorn, 2005).

In opposition to the “sexual domination discourse” was the “sex work approach”, which viewed prostitution as a respectable survival strategy for women (Bell, 1994; Chapkis, 1997; Pheterson, 1989). This school of feminist thought advocated for the
legalization and regulation of prostitution, normalizing the sex trade and guaranteeing prostitutes the right to sexual self-determination, decent labor conditions, and work-related migration. Sex labor was considered a form of social reproductive labor that was denigrated by a capitalist system (Lordermeier, 2016). The goal was to de-stigmatize sex work by calling into question the context within which women engage in prostitution rather than the sale of sex itself: women can be victims of sex trafficking, but not all women sex workers are victims of forced prostitution. Those who still adhere to this position emphasize that sex trafficking is akin to forced labor or slavery (Bindman, 1998; Doezema, 1998; Murray, 1998). This approach disentangles trafficking from prostitution, treating exploitation as a separate offense. Adherents to this liberal standpoint advocate for combatting forced prostitution while improving working conditions for those who choose to engage in sex work (Outshoorn, 2005).

This debate continues in the current literature. Farley (2006) argues that “prostitution is sometimes embraced in the media, in public health, and in the academy as ‘sex work,’ and in that one word—work—the sexism, racism, and violent degradation of prostitution fade from sight” (p.103-104). She argues that global forces influencing prostitution constitute violence against women including sex discrimination, race discrimination, poverty, abandonment, debilitating sexual and verbal abuse, poor education or no education, and a job that does not pay a living wage. In this analysis, women are viewed as victims of intimate partner violence by customers as well as pimps, who use methods of coercion and control to exploit women. Farley (2006) goes on to say that “when prostitution is defined as labor, the predatory, pedophiliac purchase of a human being by a
john becomes a banal business transaction” (p. 103). This perspective is common among service providers and faith-based institutions (Outshoorn, 2005).

In the literature, the abolitionist perspective has been criticized for hyper-focusing on the experience of women and girls, thereby reproducing gender-specific sexual repression, policing women’s mobility and denying them their sexual agency (Outshoorn, 2005). Weitzer (2007) explains that this perspective denies women agency over their sexuality and fails to acknowledge that boys and men are also trafficked for sexual purposes (Weitzer, 2007). Although many writers deem the notion of consent irrelevant when it comes to sex trafficking, persons trafficked for other forms of labor exploitation are often deemed as “smuggled” rather than “trafficked” on the basis that they consented to being taken across international borders (Goździak, 2008).

Weitzer (2007) refers to the anti-trafficking campaign as a “moral crusade” by an “alliance of the religious right, abolitionist feminists, and the U.S. government” (p.449). He goes on to explain that moral crusades advance claims about the gravity and incidence of a particular problem in order to alarm the public and to justify draconian policy. He cautions against sensationalizing and oversimplifying the issue. Specifically, he points to the lack of empirical support for common claims, such as “violence is omnipresent in prostitution and sex trafficking” (p.451) and “customers and traffickers are the personification of evil” (p. 452).

Rather than focusing on sex work as inherently problematic, this camp emphasizes critical factors that might motivate women to engage in sex work. For example, social structures assume women's inequality, forcing an economic dependence on male relatives. This inequality places women in an economically disadvantaged position. Thus, if they do
not have male relatives willing to financially support them, they must find other ways to earn money. As such, the problem is not sex work, per se, but rather gendered disparities in access to economic opportunity (Cwikel & Hoban, 2005; Rafael, 2016). This perspective has been criticized for being complicit in the exploitation and abuse of women and children by attempting to legitimize prostitution (Farley, 2006).

**The Commercial Sexual Exploitation of Children**

The tone of this debate shifts drastically when the women in question are legal minors. In contrast to adult sex trafficking, where the issue of consent is contested, there is broad agreement that “consent” is irrelevant in the case of children due to the physical differences between adults and minors and the incapacity of minors to anticipate the consequences of such acts (Miller-Perrin, & Wurtele, 2017). The Convention on the Rights of the Child (CRC) and the Trafficking Victims Protection Act (TVPA) make a clear ideological, strategic, and operational distinction between children and adults. Goździak (2008) explains that this distinction is based on the principle that “the development of children as human beings is a process and is not complete as long as they are minors” (p.162). It is believed that minors cannot be expected to act in their own best interest as their ability to “exercise full agency is not yet entirely developed” (Sanghera, 2005, p.13). Accordingly, “all persons under the age of 18 constitute a homogenous category—children, devoid equally of sexual identity and sexual activity, bereft equally of the ability to exercise agency and hence in need of identical protective measures” (Sanghera, 2005, p.6). As such, the trafficking of children need not involve coercion, deception, or force to meet the conditions of criminality; minors are victims even when the activities are legal or they
entered into the situation seemingly voluntarily (Jones, Engstrom, Hilliard, & Diaz, 2007; Yakushko, 2009).

Sanghera (2005) points out that the question of exploitation becomes all the more pressing when one considers the lived reality of many underage persons engaged in sex labor for survival. She specifies that she does not advocate support for youth prostitution or labor, but aims to “complicate the discussion on consent and autonomy with regards to young people” (p. 20). She states that what is deemed illegal under law may be socially and culturally acceptable in many instances. As social research demonstrates that the concept of “childhood” varies according to social, cultural, historical, religious, and relational norms, as well as according to one’s personal circumstances. For example, marriage typically confers adulthood, but in many countries, a girl is married off prior to reaching the age of eighteen (Goździak, 2008). Additionally, she points to discrepancies in policy that lead youth to prostitution and survival sex. For example, she explains that millions of street children may have no institution to depend on, no family unit to rely on, and no responsible adult to care for them. These youth are considered legal minors, but function independently. She brings attention to the fact that “laws against legitimate employment of these young non-dependents leave them no alternative but to resort to occupations that are illegalized and criminalized and to work sites that are unprotected and underpaid” (p.20).

Sanghera (2005) is critical of reformist policy that overlooks the multiplicity of factors contributing to the exploitation of youth. For instance, she makes the point that “social stigma and vulnerability are integrally linked to social status and privilege” (p.20). She argues that mainstream reformist discourse views society’s most disadvantaged youth,
including poor and street children, as the most vulnerable to exploitation. However, these same youth are subjected to the maximum degree of institutional surveillance by police, the minimum degree of institutional protection, and “severe legal punitive action against sexual and economic activities undertaken mostly for self-preservation and familial responsibilities” (p.20). They are also subjected to the highest degree of stigma, making legitimate employment unlikely. She argues that under dominant reformist-protectionist approaches, laws aimed at the protection of vulnerable youth fall short of creating opportunities and choices for them. Rather, these policies criminalize vulnerable young people for exercising economic and sexual autonomy, reducing them to “deeper vulnerability due to lack of viable alternatives, rescued and confined in dead-end remand homes, rehabilitated into abusive situations, which they fled from in the first place, and above all, stigmatized” (p.20).

Researchers like Sanghera (2005) and Goździak (2008) are concerned about how best to “promote the rights and agency of young people while ensuring that they stay out of harm’s way” (Sanghera, 2005, p.20). Goździak (2008) explains that, for the researcher, “the challenge is where to draw a line between coercion and consent for young people under the age of 18 and how best to promote their rights and agency while still protecting them” (Kempadoo & Doezema, 2005: xxv). She questions whether is it best to treat them as “vulnerable victims—the way the US law that stipulates who is a victim and thus who is eligible for services does—or as survivors with a great deal of resilience on which to build in facilitating the young people integration into the wider society” (Goździak, 2008, p.164).
Complicating the Narrative

As Sanghera (2005) points out, the dominant anti-trafficking discourse is not evidence-based, but is instead grounded in the construction of a “mythology of trafficking” that dichotomizes CSEC into juvenile delinquents or powerless victims, neglecting to capture the multiplicity of standpoints from the youth themselves.

Consistent with predominant narratives surrounding youth involvement in survival sex, studies have reported that more than 85 percent of commercially sexually exploited youth are young women (Gragg et al, 2007).

Divergent studies, however, have documented the diverse demographic characteristics of youth who trade sex in exchange for money and/or material goods. For example, Estes & Weiner (2001) interviewed 210 sexually exploited boys and girls, 124 of which were street youth and 86 who were in the care of social work and law enforcement agencies. The study found that a larger percentage of boys than girls reported engaging in commercial sex in exchange for money. Similarly, Curtis and colleagues (2008) spoke directly with youth who were engaged in commercial sexual activity through a series of interviews collected through respondent-driven sampling. They found that over half (54%) of youth engaged in survival sex in New York City were young men, while 42% were young women and 4% were individuals who identified as transgender. These results are consistent with those of study by Dank et al. (2015) which found that young homeless men in New York City were three times more likely to have traded sex for a place to sleep than young women (Dank et al., 2015).

Popular accounts of sexual exploitation in the United States include narratives of pimps luring girls into prostitution then proceeding to control, exploit, and brutalize them
These understandings are typically reliant on post-arrest testimonials by former prostitutes and pimps in punishment and rescue institutions or interviews with service providers in non-profit or religiously affiliated agencies (Goździak, 2008). While this narrative undoubtedly exists as a truth for many people, research paints a more complex picture of the issue.

A study by Marcus et al. (2014) presents data collected from active pimps, underage prostitutes, and young adult sex workers. The study aimed to demonstrate the complexity of pimp-prostitute dyads and explore the veracity of conventional stereotypes surrounding sexually exploited teenagers. By exploring data from a sample from of CSEC living in New York City in 2008, an intensive participant-observation community study exploring Atlantic City street prostitution markets between 2010 and 2012, and a snowball sample of eighty five male pimps in New York City, authors hoped to develop a holistic understanding of the factors that push minors into sex work and keep them there. The findings of this study stood in contrast to conventional wisdom and popular accounts about the recruitment of minors into sexual commerce. They determined that the popular narrative of pimp-driven exploitation overestimates the role of pimps in street sex markets, overemphasizes the impact of initial recruitment on subsequent practices, and “masks or simplifies the difficult and complex choices and contingencies faced by minors who sell sex” (p. 227). They found that only 10% of the sample (n = 249) had a pimp at the time of research (14% for women, 6% for men) and 1.6% lived with a pimp. In addition, 47% (34.7% of women, 61% of men, 66.7% of transgender individuals) said that they did not know a single pimp. They found that pimps were responsible for initiating into sex work 16% of the females, 1% of the males, and none of those who were transgendered.
A study by Curtis et al. (2008) found that while pimps were not dominant actors in New York City CSEC markets, those who worked for pimps were subject to abuse and control. Youth reported witnessing a great deal of violence and feeling helpless to do anything about it. Pimps oftentimes became violent with youth when they did not want to work, although violence was also unprompted at times. Despite reports of violence and abuse, some youth disclosed that they were resigned to working for their pimp. While the majority of the 41 youth working with pimps identified their pimps as male (n=37, 90%), 4 youth said that they had female pimps or “market facilitators”. Further, the youth were not uniform in their description of pimps as violent exploiters and some of them portrayed their pimps as protectors or father figures.

Reid (2012) points out that the exploitive and complex dynamics typically present in the process of exploitation can impact victim behavior (Kim, 2007). Individuals who are terrorized may appear as amenable and compliant, rather than forced or coerced. In fact, Herman (1992) states that the ultimate goal of sexually exploitive perpetrators is “the creation of a willing victim” (p.75), which Reid (2012) points out is how many sex trafficking victims appear to the inexperienced onlooker. Further, entrapment process may differ across forms of exploitation and social contexts (Reid, 2012). For example, international victims of sex trafficking may differ in their journey from the pathways commonly experienced by domestically trafficked victims (Zhang, 2009).

The Existing Literature

In recent years, commercial sex trafficking has gained increased consideration among academics, policy makers, and activists as a violation of basic human rights (American Psychological Association, 2014). Despite this increased interest, little
systematic research has been conducted in this arena (Goździak, 2008). The existing literature reflects the work of governmental agencies and NGOs, leaving a serious dearth in scholarly inquiry. Most notably absent from the discourse are the voices of trafficked persons themselves. Many studies rely on interviews with key stakeholders such as case managers, faith-based service providers, or prosecutors, rather than difficult-to-access survivors. In order to effectively identify potential trafficking victims, provide culturally appropriate and effective services to survivors, and limit the re-victimization of youth, an empirical understanding of the experiences of commercially sexually exploited youth must be established (Goździak, 2008).

Despite searching multiple research databases, including PsychINFO, Google Scholar, EBSCO, Dissertation & Thesis, and Medline, with the key words CSEC, human trafficking, pimps, traffickers, modern day slavery, sex trade, child sex worker, juvenile prostitute, forced prostitution, force/fraud/coercion, survival sex, trafficking in persons, and white slave trade, minimal research-based studies appeared. While there is a significant amount of published literature related to the topic of human trafficking, there is a lack of empirical research.

A 2005 analysis of research on human trafficking in the United States determined that the field was primarily focused on estimating the scope of the problem, mapping routes between countries of origin, transit, and destination, and reviewing legal frameworks and policy responses to the issue (Goździak & Collett, 2005). In 2008, a second review found that there was still a lack of reliable data exploring number of trafficking cases and the characteristics of the victims and perpetrators involved (Goździak, 2008). The field has yet to identify the best method of clinical intervention for
working with CSEC (Miller-Perrin & Wurtele, 2017; Pascual-Leone, Kim, & Morrison, 2016). The survey of research-based English language publications on human trafficking, supported by a grant from the National Institute of Justice (NIJ), found that out of 255 peer-reviewed journal articles referencing human trafficking, only 59 were based on empirical work, or research “based on direct or indirect observations to analyze a problem or test a hypothesis and reach a conclusion” (Goździak, 2008; p.154). The primary finding was that the “current knowledge base on human trafficking continues to rely on non-empirical research” (Goździak, 2008; p.154). A high proportion of publications relied on overviews, commentaries, and anecdotal information. Interestingly, 44.3% of articles were non-empirical, but published in peer-reviewed journals.

Goździak (2008) argues that peer-reviewed journals have published non-empirical research on human trafficking “because of the dynamic created by the sudden and intense political and academic interest in this issue following the debate and passage of the Trafficking Victims Protection Act of 2000 and the difficulty of conducting empirical research on human trafficking” (p. 155). Further, she makes the point that editors are aware that their readership is interested in information about human trafficking. As such, the lack of available empirical literature forces them to publish non-empirical studies, such as literature and data reviews, description and analysis of anti-trafficking policies, and compilations of laws. When empirical research is published, the methodologies employed by researchers often lack transparency, making the evaluation of data validity and reliability difficult (Goździak, 2008). Reliance on unrepresentative samples is also widespread, with many studies relying on interviews with stakeholders in organizations advocating for a certain view of human trafficking. Those studies that do interview
survivors are often limited to small samples with few exceptions (eg. Curtis et al., 2008; Dank et al., 2015).

The body of empirical research on trafficked children is particularly limited, as the trafficking of children is often subsumed under the larger umbrella category of “women and children”. The conflation of these groups does not allow for either group to be studied and wholly understood. Many writers use the word “children” but focus on young women, an interesting observation made by Goździak (2008) who challenges the reader to question why women and children are combined in the literature referencing sex trafficking, but not the literature exploring forced labor. Additionally, she points out that research on trafficked boys and men is practically “non-existent” for either sexual or labor exploitation. She also asserts that “the main obstacle to conducting empirical qualitative research on human trafficking is related to gaining access to trafficked persons” (p. 161). Studying youth who are currently being exploited by traffickers poses an ethical dilemma and a potential safety risk. Working with survivors who have exited “the life” is often difficult due to the fact that trafficked children are considered an extremely vulnerable population and service providers are often reluctant to allow researchers access to the youth in their care. Many social service providers see research as a potential opportunity for participants to be exploited rather than empowered to affect social change, impact policy, or contribute to program design (Goździak, 2008). When researchers are successful in developing close working relationships with service providers, their research is often criticized for being “biased” (Goździak, 2008).

Goździak (2008) suggests that our current methods for generating knowledge and directing the public debate about human trafficking in the United States require
examination. She suggests that diverse methods of data collection should be employed in order to acquire a broad understanding of the phenomenon. In particular, she suggests the use of qualitative methodology and Respondent-Driven Sampling (RDS), explaining that these methods have been successfully used with other hidden populations. She also emphasizes the need for collaboration among researchers studying similar subject matter, such as sex work and illegal migration. It is recommended that there be additional research examining specific forms of sex trafficking as well as the prevalence and associated risk factors (Miller-Perrin & Wurtele, 2017).

There is a need for research that provides both a macro- and a micro-level understanding of the trafficking phenomenon. From a quantitative perspective, methodologically sound analysis reflecting the scope of the problem would enable deeper investigation into the issue and inform appropriation of funds for counter-trafficking efforts and services to victims. Qualitatively, rigorous ethnographic and sociological studies could be used to humanize and understand the experiences of survivors. Goździak explicitly states that “Too often victims of trafficking remain one-dimensional figures whose stories are condensed and simplified, which does not bode well for the development of culturally appropriate services” (p.168). In order to identify best clinical practices and develop appropriate programs for trafficking survivors, the work current work of NGOs should be explored more deeply and empirically sound research should be conducted to expand our limited knowledge of this phenomenon.

Scope of the Problem

The 2014 Trafficking in Person’s (TIP) Report released by the federal government acknowledges that reporters often lead with numbers, but in the case of human trafficking,
it is often difficult to come by reliable statistics. Human trafficking is a clandestine crime and few survivors come forward due to fear of retaliation, shame, fear and distrust of law enforcement, fear of being identified as illegal immigrants or as criminals, lack of self-identification as a trafficking victim, or lack of resources (Miller-Perrin & Wurtele, 2017; Rafferty, 2008). As such, the scope of the problem remains vague, based on estimates derived from flawed methodology in an attempt to quantify a largely inaccessible population (Goździak, 2008).

While the exact number of CSEC in the United States is difficult to determine, the Department of Justice estimates that between 100,000 and three million domestic children are currently being forced into prostitution, pornography, and/or sexual slavery (Curtis et al., 2008). Yakushko (2009) notes that most international organizations, such as the UN and IOM, rely on data provided by the U.S. Department of Justice (DOJ). A 2006 report by the DOJ estimated that approximately 800,000 individuals were trafficked annually around the globe. The ILO (2005) provides figures as high as 12 million a year related to forced labor. In the words of Gozdziak and Collett (2005), the definitions of trafficking are often “messy,” with statistics that are “slippery” and “ridden with methodological problems” (p. 107).

The Department of Justice (DOJ)-funded Human Trafficking Reporting System (HTRS) provides us with one snapshot of the CSEC population. The HTRS is currently the only system that captures information on human trafficking investigations conducted by state and local law enforcement agencies in the United States. This data is not fully representative in that it comes only from investigations opened by federally funded human trafficking task forces. Task forces opened 2,515 suspected incidents of human trafficking
for investigation between January 2008 and June 2010. Of these, 82% were classified as sex trafficking, including more than 1,200 incidents with allegations of adult sex trafficking and more than 1,000 incidents with allegations of prostitution or sexual exploitation of a child (40%). Eleven% of the suspected incidents opened for investigation were classified as labor trafficking, and 7% had an unknown trafficking type. Elements of sexualized labor, including exotic dancing and unlicensed massage parlors, were found in 6% of the incidents reported (Banks & Kyckelhahn, 2011).

A 2013 study by Covenant House found that approximately one in four homeless youth receiving services at the shelter was either a victim of trafficking or had engaged in survival sex at some point in his or her life (Covenant House, 2013). A 2013 report by Polaris Project tracks calls to the National Human Trafficking Resource Center’s 24-hour national, confidential, multi-modal hotline and resource center serving the United States and U.S. territories. From 2007 to 2012, 9,298 potential human trafficking cases were reported. Of these, 2,668, or 29%, involved at least one child victim of human trafficking. Furthermore, 74% of child trafficking cases involved sex trafficking. The majority of child trafficking cases involved pimp-controlled prostitution, but children were also exploited in the pornography industry, escort services, commercial-front brothels, and residential brothels. In an exploratory study of trafficked children in federal care, Goździak and Bump (2008) found that the majority of trafficked children were identified through law enforcement raids of suspicious establishments or tips from Good Samaritans. Despite the lack of a reliable estimates, professionals and child advocates are concerned that the CSEC population has grown in recent years (Curtis et al., 2008).
Vulnerabilities

While human trafficking affects every demographic, the common factor across victims is their vulnerability to exploitation (UNODC, 2009). Although research rarely distinguishes between domestic and international sex trafficking, the risk factors, consequences, and approaches to addressing the problem seem to overlap (Miller-Perrin & Wurtele, 2017). Using Life Course Theory, Reid (2012) divides risk factors into several categories, including community risk factors and individual vulnerabilities, acknowledging that risk factors may interact between categories. Poverty and an acute lack of employment opportunities were major community conditions contributing to vulnerability for entrapment into sex trafficking. Additionally, inadequate law enforcement response and insufficient social services served to increase risk. Individual factors such as familial poverty, homelessness, inadequate education, family violence, drug or alcohol use by caregiver, history of sexual abuse, and family member participation or complicity in trafficking or prostitution were also common across domestic and international situations.

Many studies reported that being a member of minority group or indigenous population increased risk of exploitation (Acharya, 2009, 2010; Clawson et al., 2009; Deer, 2010; Saewyc et al., 2008). In particular, African American minors were reported as more likely to be arrested due to being prostituted than prostituted minors of other races and to have a more difficult time escaping “the life” (Clawson et al., 2009; Flowers, 2001). Among domestic victims, resiliency and hopefulness were recurrently identified, particularly as they related to finding acceptance and love (Azaola, 2000; Estes & Weiner, 2005; Hanna, 2002; Williams, 2010).
Community Risk Factors. Reid (2012) found that when local economies are reliant on the sex industry, there is an increased likelihood of commercial sex trafficking of domestic minors. The presence of transient males, including tourists, sex tourists, military personnel, or truckers often indicates that the demand for sex is high in a community (Estes et al., 2005; Zhang et al., 2011). These men often behave as consumers of sex, creating the demand for prostitution. Estes and Weiner (2001) found that the presence of a pre-existing adult prostitution market contributes measurably to the creation of secondary sexual markets in which children are exploited. They explain that adult prostitution markets contribute to CSEC markets in that they are already known to local and transient males that frequent prostituted women, they exist in communities where young people easily can find other similarly situated youth, cheap hotel rooms and cheap drugs are available, police retain a low presence in many of these areas, and anonymity for both youth and their adult exploiters is likely.

Further, Miller-Perrin and Wertele (2017) describe the how sporting events, such as the Super Bowl, can attract people who solicit children for sex, resulting in increased incidence of sexual exploitation. Social services and police taskforces attempt to address community risk factors, but are often severely under-funded and under-staffed, making them ill-equipped to respond to the needs of youth (Estes & Weiner, 2001). Clawson et al. (2009) confirms that a lack of appropriate involvement on the part of law enforcement and lack of available social services contribute to increased incidence of CSEC.

Poverty often has been cited as a major factor driving children and adults into sexually exploitative activities (Azaola, 2001; Hood-Brown, 1998; Rafael, 2016). For example, Deer (2010) looked at the experience of Native American youth who were
commercially sexually exploited and identified organized crime and gangs as community risk factors, in addition to poverty, police corruption, a lack of social services. Estes and Weiner (2001) recognize that a country’s general socio-economic climate, societal attitudes toward children, and societal responses to crimes committed against children contribute to the existence of an underground sex economy in which children are exploited.

The APA’s Special Committee on Violence against Women Report on Trafficking of Women and Girls published a 2014 report asserting that “Economic and social inequalities are among the leading contributing factors to human trafficking” (p. 2). They explain that the economic gains of human trafficking serve as a significant incentive to support the sale and purchase of sex. They go on to explain that “trafficking is fostered by poverty, which is heightened by the social gender inequalities, as well as the corrupt forces embedded often in government and society, both locally and globally” (p. 3). In 2006, the US Federal Bureau of Investigation estimated that human trafficking generates about nine billion dollars per year.

*Individual Vulnerabilities.* Researchers have identified several individual vulnerabilities that may interact with community risk factors to increase likelihood of commercial sexual exploitation (Reid, 2012). For example, Clawson et al. (2009) found that victims are likely to come from low-income families where they have experienced chronic abuse by multiple perpetrators. Oftentimes women involved in the commercial sex economy report childhood sexual abuse, caregiver drug or alcohol addiction, domestic violence, difficulty in school due to a learning disability, low self-esteem, loss of parent, placement in foster care, run away behaviors, homelessness, and substance use.
Similarly, Deer (2010) documents that Native American girls with a prior history of sexual victimization, poverty, or drug/alcohol use are more susceptible to exploitation. Estes et al. (2005) found that a social context characterized by family dysfunction, caregiver mental illness or substance addiction, prior history of abuse, and promotion of prostitution by family member or peers increased vulnerability to exploitation. In addition, poor decision making and delinquent behavior were strong predictors for involvement in the commercial sex industry. Finally, the Trafficking in Human Beings Report (2016) identifies disability, intellectual or physical, as a risk factor for sex trafficking, as people with disabilities may be easier for traffickers to coerce and clientele may seek out sex with individuals who exhibit a specific disability (Trafficking in Humans, 2016).

**Gender.** Gender is an important consideration when discussing the sexual exploitation of youth. In 2012, Reid conducted a review of research linking victim vulnerabilities to sex trafficking in North America. She found that female victims of sex trafficking are endangered due to vulnerabilities unique to women and girls, while boys or men are entrapped due to distinctive set of conditions or risk factors. Additionally, she found that boys and girls may become vulnerable to exploitation in sex trafficking due to different combinations of age-related risk factors than those commonly observed with men and women. Generally, the literature supports a higher prevalence of girls and women exploited in sex trafficking as compared to the number of boys and men (Clawson et al., 2009; Estes & Weiner, 2005; UNODC, 2009).

One exception is that studies of homeless, sheltered, or runaway youth reflect an equal number of boys and girls involved in the commercial sex market through survival
sex and exploitation (Curtis et al., 2008; Covenant House, 2013; Dank, 2008; Dank et al., 2015; Estes & Weiner, 2005). Other similarities across gender include history of sexual or physical abuse, limited school involvement, family dysfunction, drug or alcohol use, and placement in foster care or group homes (Azaola, 2000; Curtis et al., 2008; Saewyc et al., 2008). Differences across gender reflect that female victims are more likely to have experienced the death of a parent, abandonment, or being sold by a family member (Azaola, 2000; Clawson et al., 2009; Flowers, 2001). Girls are more likely to engage in prostitution to support a family member or friend (Saewyc et al., 2008). Males, in contrast, are more likely to work independently without the use of a pimp (Curtis, 2008).

Given the economic disadvantage experienced by many women, there is a documented “feminization of poverty” where women and girls face a lack of access to education, resources, and choices at home (American Psychological Association, 2014). In many regions, gender-bias and patriarchal family structures place women and girls at a socioeconomic disadvantage, exacerbating their vulnerabilities to trafficking (Cameron & Newman, 2008). While most researchers report that girls who are economically disadvantaged are more susceptible to sexual exploitation (Lloyd, 2005), others report that girls engaging in prostitution came from all socioeconomic and ethnic backgrounds (Flowers, 2001).

Flowers (2001) claims that girls are at risk for sexual exploitation as a result of psychosocial disadvantage rather than economic disadvantage. He suggests that shared experiences of childhood abuse, neglect, substance use, or psychiatric illness makes girls more susceptible to the romantic promises and manipulation of a trafficker or pimp (Curtis et al., 2008; Saewyc et al., 2008). This claim is supported by the fact that 57% of
CSEC cases in 2005 involved a third-party exploiter and almost all of these cases were female (Mitchel et al., 2010).

Age. Most research on adult and juvenile street-based prostitution has shown that the average age of entry into the prostitution market for females is between 15–19 years of age (Dalla, 2000; Kennedy, et al., 2007, Norton-Hawk, 2001; Raphael & Shapiro, 2002; Silbert & Pines, 1982; UNICEF, 2014); however, several other juvenile prostitution studies reported prostituted adolescent females as young as ten, eleven, and twelve (Bagley & Young, 1987; Silbert & Pines, 1982). Reid (2012) found that early normalization of prostitution by observing family members, friends, or neighbors engaging in the sex economy was associated with earlier age of initial involvement in prostitution (Cobbina & Oselin, 2011; Loza et al., 2010).

In fact, childhood sexual exploitation may be closely linked to early experiences with prostitution. Raphael & Shapiro (2002) found that one-third of the respondents in a study examining the early experiences of sex trafficking survivors knew someone in their household while growing up who regularly exchanged sex for money (42% were their mothers and 40% their sisters). One-third knew of relatives in the trade, 71% knew someone in the neighborhood, and over 70% had someone suggest they enter the market. Of that 70%, 45% were friends, 24% cousins, 19.6% a boyfriend or girlfriend, 14.5% a sister, 6.5% their mother, and 2.6% their father. Many female sex workers claim that they would have never considered sex work if it were not for the individual(s) in her social network suggesting the idea (Sharpe, 1998).

Additionally, childhood abuse, neglect, and caregiver substance use had a greater effect on vulnerability to commercial sexual exploitation during childhood or adolescence.
(Cobbina & Oselin, 2011; Kramer & Berg, 2003; Loza et al., 2010). These findings regarding the detrimental effects of childhood abuse and caregiver dysfunction support previous studies suggesting that youth who experienced an upbringing characterized by psychological, sexual, and physical abuse, were at increased risk for commercial sexual exploitation and entrapment by traffickers (e.g., Farley & Kelly, 2000; Jankowski, et al., 2002; Saewyc & Edinburgh, 2010). Drug use or addiction was also identified as a vulnerability factor for CSEC (Cobbina & Oselin, 2011; Kramer & Berg, 2003; Loza et al., 2010).

Race and Ethnicity. As the APA’s Special Committee on Violence against Women Report on Trafficking of Women and Girls (2014) notes, those at greatest risk for domestic trafficking are immigrants and ethnic minority group members (Clawson et al., 2009; Estes & Weiner, 2001; Raymond et al., 2001). Historically, studies conducted on CSEC living in the Eastern United States reported a higher number of minority females engaged in prostitution, primarily African American women (Dalla, 2000; Norton-Hawk, 2001), whereas research done in the Mid-West and West coast found the majority of females to be White (Silbert & Pines, 1982; Simons & Whitbeck, 1991). Of those engaging in survival sex in New York City, researchers have consistently found that the majority of youth are people of color (Curtis et al. 2008; Gragg et al. 2007; Gwadz et al. 2009).

This finding is consistent with research across the United States, which suggests that African American and Latino youth are significantly more likely to be engaged in survival sex than their counterparts (Edwards, et al., 2006; Grant et al., 2011; Tyler, 2009; Walls & Bell, 2011; Wilson et al., 2009). A 2011 review based on data from the
Human Trafficking Reporting System (HTRS) reported that nearly two-thirds (62%) of confirmed sex trafficking suspects were identified as Black (Banks & Kyckelhahn, 2011). In Dank’s 2015 study examining the experiences of LGBT youth engaging in survival sex, 283 youth were interviewed. Of these youth, 37% identified as African American or Black, 22% as Latino or Latina, and 30% with more than one race or ethnicity (Dank et al., 2015).

Sexual Orientation and Gender Identity. Homophobia and discrimination make LGBT persons particularly vulnerable to exploitation (Dank et al., 2015). According to the Center for American Progress and the National Gay and Lesbian Task Force, a disproportionate number of homeless youth identify as lesbian, gay, bisexual, transgender, or queer (Quintana et al., 2010; Ray, 2006). Further, youth service providers report that these youth prefer to engage in survival sex or “couch surfing” that involves sexual exchange, rather than risk experiencing the abuse and potential violence they sometimes face in youth shelters or foster care (NYCAHSIYO, 2012).

In particular, transgender youth report a lack of access to transition-related treatment centers and to safe shelter in sex-segregated facilities (Rees, 2010). Transgender youth in New York City have been found to be eight times more likely than cisgender youth to trade sex for a safe place to stay (Freeman & Hamilton, 2008). Across the United States, 48% of transgender people reporting involvement in the commercial sex market also report homelessness (Grant et al., 2011). A national survey of transgender people found that 61% of those engaged in sex work had experienced employment discrimination and, as such, had limited opportunities to pursue legitimate employment (Grant et al., 2011).
A 2015 study by Dank et al., found that homeless LGBT youth involved in the commercial sex industry reported experiences of social and familial discrimination and rejection, familial dysfunction, familial poverty, physical abuse, sexual abuse and exploitation, and emotional and mental trauma. LGBTQ youth also experienced homophobic and transphobic harassment, discrimination, and physical violence within the child welfare and foster care systems and emergency and short- and long-term shelters, and from health care providers, social services, law enforcement, and other government institutions (NYCAHSIYO, 2012; Ray, 2006; YWEP, 2012). Additionally, these youth reported experiencing racism, lack of housing options, lack of access to gender-affirming medical care, and rejection due to sexual orientation or gender identity by families, communities, and employers (Covenant House, 2013; Gwadz et al., 2009; NYCAHSIYO, 2012; Rees, 2010). Ultimately, the intersection of these issues left youth homeless. As a result, they resorted to survival sex as a method of obtaining subsistence (Dank et al., 2015). Some reported initial recruitment by an exploiter with subsequent transition to independent trade, while others report that they began trading sex independently then transitioned to pimp controlled sale (Dank et al., 2015). Many youth who engaged in survival sex experienced frequent arrests for various “quality-of-life” and misdemeanor crimes, creating further job and housing instability and perpetuating the need to engage in survival sex. Social service systems seemed to fail in meeting the needs of these youth, as many reported a lack of safe housing, reliable income, and adequate mental and physical health care (Dank et al., 2015).

Prior Trauma. Some scholars have identified that those involved with sex trafficking have experienced childhood abuse such as physical and sexual abuse and
neglect, a history of abusive relationships, and the presence of family violence (Miller-Perrin & Wurtele, 2017; Pascual-Leone, Kim, & Morrison, 2016). There have been a number of influential studies measuring the impact of childhood abuse and neglect on vulnerability to sexual exploitation. A longitudinal study conducted by Widom and Kuhns (1996) examined the degree to which being abused and/or neglected in childhood increased a juvenile’s risk for “prostitution”. The study matched a sample of abused and/or neglected youth by age, race, sex and social class with non-abused or neglected children. Subjects were followed into young adulthood, causing authors to conclude that early childhood abuse and neglect were predictors of later prostitution in females. More specifically, physically abused female subjects were more likely to engage in prostitution (12.8%), followed by sexually abused (10.5%), and neglected (9%). Likewise, Gragg and colleagues (2007) found that the overwhelming majority of youth engaged in survival sex had prior child welfare involvement, typically in the form of child abuse and neglect allegations or investigations (69%) or foster care placements (75%).

Estes and Weiner (2001) refer to family dysfunction or breakup, family history of substance abuse, and personal histories of physical or sexual abuse as “micro-external” or “situational” vulnerabilities. They note that many of these children have painful experiences within mainstream social settings, such as school. As a result, over half of female youth involved in sex work were high school dropouts (Dalla, 2000; Norton-Hawk, 2001; Seng, 1989; Silbert & Pines, 1982). Youth may cope with their pain through the use of drugs and alcohol, by running away from home, by developing relationships with age inappropriate adults, or by engaging in commercial sexual activities (Finkelhor et al., 1990; Greene et al., 1999). Approximately 75% of CSEC girls (Bagley & Young,
reported running away from home during early adolescence, and over half (Dalla, 2000; Raphael & Shapiro, 2002; Seng, 1989) reported recreational drug and alcohol abuse before leaving home.

Although the literature on abuse and sexual exploitation identifies a link between early childhood sexual abuse and subsequent involvement in commercial sex, there is a lack of consensus amongst researchers with regard to whether sexual abuse serves as a cause within itself (Dank, 2011). Sexual abuse appears to be a key contributing factor, with researchers reporting 50% (Bracey, 1979), 73% (Bagley & Young, 1987), 28.5% (Seng, 1989), 18% (Simons & Whitbeck, 1991), 42% (Norton-Hawk, 2001), and 84% (Dalla, 2001) of CSEC experiencing childhood sexual abuse. Weisberg (1985) cites two studies with percentages of 10% and 26%. Although these estimates vary widely, in what is considered the most influential study on the link between prior abuse and adolescent prostitution, Silbert & Pines (1982) interviewed 200 juvenile and adult (60% were under 16), current and former, female street prostitutes in the San Francisco Bay Area. They found that not only were 60% of the respondents sexually abused during their childhood, but 70% reported that the sexual abuse affected their entrance into prostitution. Additionally, 70% of the subjects reported emotional abuse and 62% reported physical. These findings were corroborated by Bagley and Young (1987), Norton-Hawk (2001), and Seng (1989).

Seng (1989), however, concluded that running away from home as a method of escaping sexual abuse is what links sexual abuse to commercial sexual exploitation. Seng (1989) stated that “adolescent behavior can be viewed as behavior that results from the
necessities of street life – it is survival behavior more than it is sexual behavior” (p. 665).

One study of New York City homeless youth found that “78% of those who engaged in
commercial sexual activity reported histories of childhood rape or molestation”
(Covenant House, 2013, p. 5). However, other researchers have found that controlling for
other variables has eliminated any statistically significant correlation between sexual
abuse and engagement in survival sex (Tyler, 2009).

Homelessness. A 2001 study by Estes and Weiner concluded that the majority of
CSEC were runaway or throwaway youth living on the streets. Many of these youth left
home after experiencing abuse, abandonment, or neglect. The authors concluded that
youth who ran away from home were at greatest risk for commercial sexual exploitation,
followed by throwaway youth, homeless children, runaway youth from juvenile and other
institutions, female gang members and transgender street youth. They found that
approximately 55% of girls living on the streets in the United States were engaged in
formal prostitution, and of these girls, approximately 75% worked for a pimp or trafficker
(Estes & Weiner, 2001). They estimated that in the United States, approximately 156,200
homeless youth were at risk of commercial sexual exploitation. As Dank (2009) points
out, the data collected in the study was limited because the small sample of youth was
only included people from one specific youth agency.

In general, reports reveal a higher prevalence of girls and women exploited in sex
trafficking in comparison to the number of boys and men (Clawson et al., 2009; Estes &
Weiner, 2005; UNODC, 2009). Studies of homeless, sheltered, or runaway youth,
however, find an equal number of boys and girls involved in commercial sexual
exploitation (Curtis et al., 2008), as well as an equal percentage of male and female
homeless young adults trading sex for sustenance (Tyler, 2009). Homelessness is one of the strongest predictors of youth engagement in survival sex (Dank at al, 2015). National estimates suggest that 10 to 50 percent of runaway and homeless youth are involved in survival sex (Greene, et al., 1999; Halcón & Lifson 2004; Haley et al. 2004; Tyler, 2009). Studies focused on homeless youth in New York City consistently report that sex if often traded for a place to stay each night due to the absence of available shelter beds (Freeman & Hamilton, 2008). A study by Covenant House (2013) determined that approximately a quarter of homeless youth in New York City have traded sex at some point. CSEC in Miami reported living in many places a year, staying in homeless shelters, and moving from home to home (Maurrasse & Jones, 2016).

Dank (2011) notes that runaways may be perceived as easy targets for pimps/traffickers because they often cannot go home and have few resources. Hammer et al. (2002) found that approximately 1.7 million youth ran away from home or were forced to leave their homes at some point in 1999. While away from home, an estimated 38,600 (2.2%) of these youth were sexually assaulted, were in the company of someone known to be sexually abusive, or were engaged in sexual activity in exchange for money, drugs, food, or shelter. A national study conducted in 1998 found that being homeless for longer than thirty days was the single most decisive factor forcing youth to sell sex (Nandon, et al., 1998). Research has shown that a large percentage of street youth, aged thirteen to seventeen, are commercially sexually exploited (Gaetz & O’Grady, 2002; Greene, et al., 1999; Gwadz, et al., 2005; Curtis el al., 2008; Dank, 2011). Consistent with other studies of the CSEC population, rates of childhood abuse and trauma were high among prostituted homeless youth; sexual abuse ranged from 17 to 35%, and
physical abuse ranged from 40% to 60% (Gaetz & O’Grady, 2002; Gwadz, et al., 2005; Dank, 2011). Yates et al. (1991) compared homeless youth involved in the sale of sex to those not involved and found that 97% of youth who sold sex used drugs or alcohol compared to 78% of their peers. Intravenous drugs were used by 22% of those youth. In contrast, only 4% of homeless youth who did not sell sex used intravenous drugs. Another study found that homeless youth who used drugs were 2.2 times more likely to engage in survival sex (Kipke, et al., 1995).

A study conducted by at Covenant House New York (CHNY) in 2013 found that 14.9% of homeless youth in a random sample of 185 minors had experienced some form of trafficking victimization, consistent with the definition under federal law (TVPA, 2000). An additional 8%, all of whom were between the ages of 18 and 23 engaged in survival sex. About 6% of the youth experienced sex trafficking that was compelled through force, fraud or coercion and included enduring violence, threats of violence and sexual abuse. Although their individual stories and childhood backgrounds were diverse, these participants shared a common narrative of gang rapes, sexual assaults, violent beatings and/or threats against their loved ones, which were all used as means to compel them into sexual servitude.

After the conclusion of 174 interviews in the random sample, they found that 23% had either experienced trafficking or engaged in survival sex. This means that approximately one in four of the youth either was a victim of trafficking or had engaged in survival sex at some point in his or her life. CHNY serves over 3,000 youth each year; as a result, it is possible that CHNY annually serves as many as 700 youth that have experienced trafficking or survival sex. It is important to note that this study involves
only the homeless youth population seeking services at CHNY. It therefore makes no attempt to be representative of the entire population of trafficking victims in the United States (Covenant House, 2013).

The Process of Sexual Exploitation

Recruitment. Estes and Weiner (2001) found that sexual exploiters of children fell into three distinct categories, although in every case the abuse was initiated by a more powerful offender, usually an adult, who exerted his or her will over that of the child in order to secure some sexual, economic, or other benefit of value. These groups included adults living in the same home as the youth, sexual exploiters of runaway and homeless children, and those engaging in the on-line sexual victimization of children. Those living in the home with the child typically included persons known either to the child or to the child’s family, including neighbors, teachers, coaches, physicians, fathers, step-fathers, uncles, grandfathers, and/or older siblings. Those exploiting youth for sex outside of the home included those who solicited sex from legal minors, as well as those who facilitated the commercial sexual exploitation of youth. Estes and Weiner (2001) identified several parties responsible for the exploitation of children, including pedophiles, “transient males” such as members of the military, truck drivers, seasonal workers, conventioneers and sex tourists, and “opportunistic” exploiters who will sexually abuse whoever is available for sex including children, pimps, traffickers, and other juveniles.

Pimps are often thought of as the main source of recruitment into prostitution for juvenile females (Bracey, 1979). A pimp or trafficker is characterized as such by the receipt of profits in exchange for the sexual use of an individual by third party purchaser (Finklea et al., 2011). The trafficking of a human being is often more profitable than the
trafficking of other commodities because a child serves as a reusable product, whereas material items, such as guns or drugs, can only be sold one time (Finklea et al., 2011). Traffickers might know the victim as a parent, immediate family member, friend of the family, boyfriend, employer, smuggler, or client at a strip club, or traffickers might approach potential victims to recruit them without a prior established relationship (Covenant House, 2013). One study found that 19% of the female respondents were recruited or forced into prostitution by a female friend, 16% by a boyfriend or pimp, and 12% by their mothers, fathers, foster parents or older siblings. Recruitment occurred at a variety of locations, including shelters, group homes, school, and clubs (Hammer et al., 2002).

Historically, research has shown that a large number of juveniles working on the streets work with a pimp at some point (Norton-Hawk, 2001; Silbert & Pines, 1983). A 1979 study by Bracey determined that juveniles could not work the streets without a pimp. Silbert & Pines (1982) found that 55% of their subjects, had been recruited directly by a pimp (25%) or “Bottom”, the women recruiting for a pimp. In this study, 36% of the cases involved the youth being told what to do and how to do it, whereas 29% of the cases involved fraud or manipulation. In 9% of cases, emotional or physical threats were used to control youth. Of those who had a pimp, 41% said there were no advantages to having one. Another study (Norton-Hawk, 2001) claimed that the respondents who had experienced trauma before the age of 18 were more likely to work for a pimp.

Some researchers report that social service and governmental agencies have overestimated the involvement of pimps in the sexual exploitation of youth. Dank et al. (2015) found that only 15% (n = 43) of a sample of youth reported an exploitative trading
situation at some point during their involvement in the commercial sex industry. Of the youth who had experienced an exploitative trading situation, most (82%) were involved with one exploiter. Of the 43 youths in an exploitative situation, 34% met their exploiter through a friend or peer, 27% on the street, 20% through a family member, and 16% in their neighborhood or at service provider facilities. 34% of youth in exploitative situations were required to give all their earnings to their exploiter, 24% gave their exploiter most of their earnings, and 21 percent split their money with their exploiter. Many youth who had been involved in exploitative situations reported receiving shelter (73%), food (49%), and clothing (42%) from their exploiter. Only 12% said they received protection (Dank et al., 2015).

Similarly, a study by Curtis et al. (2008) used respondent driven survey methods to interview a sample of 329 youth involved in the commercial sex industry in New York City. They found that 33% of the youth provided narratives where adults took advantage of their vulnerabilities, including initiation by a relative, recruitment by a pimp, or propositioning by customers on the street. About 45% of girls and boys reported that their “friends” were responsible for their entry to CSEC markets. Of note, they found that 68% of transgender youth reported that “friends” initiated them. Curtis et al. (2008) notes that some of these “friends” seemed as though they were “simply acting as surrogate recruiters for pimps” (p. 49). Those who reported that “customers approached them” as a route of entry included 32% of boys, 16% of girls, and 10.5% of transgender youth. Pimps were a route into the market for 16% of girls, but only one boy and no transgender youth reported being recruited into the market by pimps. Pimps seemed to offer options that appeared initially attractive to the girls as compared to group homes or the shelter
system. Another means of entry is through seemingly legitimate organizations. For example, young women were recruited by “marriage” or “adoption” agencies, but then sold for sex (Hodge, & Leitz, 2007).

Curtis et al. (2008) found that more often than not, CSEC allowed customers to approach and proposition them (49%). Alternatively, 23% of CSEC reported that they approached and propositioned the customer. 21% of youth reported that “friends” were instrumental in connecting them to customers and 23% said that they got customers through the use of the internet. CSEC peer groups were not only vital to youth’s entry into the market, but also to their ability to engage the market and their decision to remain in “the life” (Curtis et al., 2008). Youth reported picking up customers in a wide variety of places including abandoned cars, friends’ houses, project buildings, hallways, rooftops, clubs, bars, parties, movie theaters, McDonalds, empty buses, the Long Island Railroad, subway platforms, hotels, Central Park, Cloisters Park, Forest Hills Gardens, and many other locales. Only slightly more than half of the youth (56%) found customers on the streets, and this method was often coupled with trolling the internet or using a cell phone network to reach clients. By working the same areas (aka the “tracks”) every week, youth are able to forge alliances and friendships with other exploited youth, and establish mentorships with the older, more seasoned sex workers. Just over half (51%) of the youth reported that the commercial sexual acts occurred at customers’ apartments and about 45% said that they frequented hotels. Of the youth who said that they mainly worked on the streets, 26.5% provided sexual services in customers’ cars (Curtis et al., 2008).

Pimps and Traffickers. In a study by Curtis et al. (2008), data showed that almost every youth that had been involved with a pimp at some point in their life, provided an
account of mental and/or physical abuse at their hands. In some cases, the abuse seemed severe from the very beginning. Estes and Weiner (2001) estimate that 55% of street girls engaged in formal sex work of which about 75% of which is pimp controlled (Estes & Weiner, 2001). They found that pimps were an “omnipresent reality among street girls and girls that are trafficked as part of regional and national sex rings” (p.16). In general, they found that most pimps managed only 1-3 girls at a time and operate at a local level. Approximately 25% of the pimps encountered in the study were tied into city-wide crime rings, whereas only 15% were tied into regional or nationwide networks, and approximately 10% of pimps in the U.S. were tied into international sex crime networks.

According to Friedman (2005), pimps assess their level of control over girls and initiate them into the life. Initiation may involve having sex with the girl to gain her emotional and financial dependence and then persuade her into having sex for money (Estes & Weiner, 2001). The pimp may take on a paternal role to gain the love and trust of a girl, slowly becoming less emotionally supportive and available (Estes & Weiner, 2001). Girls may also be gang raped by a group of men before being turned out to the street (Friedman, 2005). When girls are sent out to work, they may be given a list of prices and time periods allocated for specific sex acts (Rand, 2009). They may be required to make a minimum amount of money, told how to act, and in some cases may be branded or tattooed to as a symbol of ownership by a specific pimp. In many cases, girls are given a fake name and fake identification, and are trained to lie if approached by an officer. They are usually tempered by the threat of violence if they give up the name of their pimp or acknowledge his existence. Any breach of the stated or implied rules warrants punishment (Rand, 2009).
The relationship between CSEC and their pimps has been documented as complex and diverse (Blanchette & da Silva, 2012; Horning, 2013; Marcus et al., 2014; Zhang, 2011). Popular media consistently presents narratives related to pimp trickery, seduction, captivity, and brutality as the dominant or sole mode of recruitment and management (Marcus et al., 2014). Curtis et al. (2008) found that the majority of youth who said that they currently had pimps, said that they were male (n=37, 90%). They found that 4 youth said that they had female pimps or “market facilitators”. More than half of the youth with a pimp (n=21) said that they met him/her “through a friend”. Other venues for initial contact included “on the street” (n=8) and “at a group home” (n=5, all girls). Others said that they met pimps on the internet, at private parties, and at youth shelters. Several of the youth said that they or another youth were the only ones working for their pimp, but 31 of the 41 said that their pimp had more than 2 other youth working for them. Several of the youth spoke somewhat fondly about their pimps, portraying them as protectors or father figures. Several teens mentioned that, although they gave all their earnings to their pimp, they felt that they had their needs taken care of and that the business was organized.

Likewise, in a review of 3 distinct studies looking at the relationships between CSEC and their pimps, Marcus et al. (2014) determined that pimps played a small role in both initiation and more generally in the operations of street prostitution markets in both New York and Atlantic City. They found that only 2% of CSEC were involved in relationships with violent pimps. Further, they noted that 98% of respondents reported that they would never go to a service organization if they were in trouble for fear that such organizations would criminalize their adult support networks, imprison friends and
loved ones, prevent them from earning a living, and return them to the dependencies of youth.

This tension is important to note, as most girls who are victims of commercial sexual exploitation do not view themselves as victims (Rand, 2009). According to Friedman (2005), most commercially sexually exploited girls report the belief that they are fine, that there is no other choice but to engage in sex for money, and that their pimp loves them and will make good on all of his broken promises. When arrested or approached with the offer of help, survivors may express resentment and their loyalty to their pimp may appear to be unrelenting.

**Grooming.** Farley (2006) explains that pimps use methods of coercion and control similar to those of other batterers: economic exploitation, social isolation, verbal abuse, threats, physical violence, sexual assault, captivity, minimization and denial of their use of physical violence and abuse. Friedman (2005) states that brainwashing, identification with the pimp, which parallels the phenomenon known as the Stockholm syndrome, domestic violence, battered-wife syndrome, and love addiction may all be relevant explanations for girls who refuse offers of rescue and who maintain loyalty to their pimp. This dynamic is often referred to in the literature as “trauma bonding”, or a melding of the minor to the trafficker due to calculated exploitive methods (Reid, 2012).

A common process pimps engage in to create this trauma bond is grooming. Sexual grooming is the process in which a person prepares a child and the environment to achieve set goals. This may include gaining access to the victim, gaining their compliance, and maintaining secrecy (Craven, Brown, & Gilchrist., 2006). Elliot (2015) describes a two-phase model of grooming. In the primary potentiality phase, the trafficker
will build rapport through attentiveness and friendliness, provide incentives such as gifts or flattery, disinhibit their victims, and gain security by controlling disclosure of personal information. The second phase, disclosure, capitalizes on the good environment created in phase one. In this phase, the exploiter discloses goal-related information and attempts to decrease sensitivity. This process is often gradual and operates as test-operate-test, where the exploiter will use the target’s feedback to further manipulate and condition them into achieving set goals.

Consumers of Sex. In all situations involving the commercial sexual exploitation of children, the relationship between the victim and the exploiter is one that is economic in nature. With regard to “Johns”, the relationship is characterized by a dynamic where an adult customer purchases a sexual service from a child in exchange for cash, food, shelter, clothing, video games, drugs and even affection (Estes & Weiner, 2001). In such situations, were there is a notable disparity in the age and maturity of a youth and their customer, the power differential is such that the dignity, rights, and well-being of the child are compromised (Estes & Weiner, 2001). There is no single profile of a buyer, as perpetrators may actively seek out sex with a minor or may purchase sex from a minor unknowingly, operating under the assumption that the prostituted individual is an adult (Finklea et al., 2011; Maurrasse & Jones, 2016). In the Miami area, according to a population of young sex workers, the consumers are of many ages and backgrounds, both homosexual and heterosexual, and there are repeat and one-time customers (Maurrasse & Jones, 2016).

When asked if the youth target specific types of customers, Curtis et al. (2008) found that 65% of them said that they preferred older white males, particularly ones who
appeared to have a lot of money. The youth estimated that approximately 30% of the clients were married and 13% were married with children. There did not appear to be a majority of clients that were in any specific age range, but most fell between 25 and 55 years of age. Although 33% of youth stated that they had African American clients, a number of teens refused to go with them since they were reputed to be more aggressive, demanding, and abusive than men from other ethnic groups, and they did not always pay for the services. Almost all of the youth (91%) said that they dealt mainly with male customers, but 11% of the girls and 40% of the boys said that they had served a female client. Having a regular clientele, or at least one steady customer, was considered to be quite important to many of the youth, and 38% claimed to have 1-3 steady clients that they could rely upon for a steady cash flow or when they might immediately need something.

Dank (2015) found that, on average, youth saw 3 to 6 customers each day or night and 11 to 18 clients a week. Of these, 85% of respondents had at least one regular customer. Typically, respondents had an average of seven regular customers. Just over half of respondents considered their regular clients important for money (55%), 34% felt they were important because they provided a reliable form of economic and social support, 15% considered their regulars friends or providers of emotional support, and 14% did not consider their regular clients important. Youth typically traded with customers at the customer’s residence (64%) and at hotels (57%), with the next most common places being cars (22%) or parks and alleys (17%). Nearly all respondents (95%) had received money in exchange for a sexual service, while 31% had received shelter, 18% had received food, 15% had received drugs, and 11% had received clothing.
Nearly two-thirds of youth decided the price of the exchange, while one in five negotiated with their clients. For 18%, the clients decided the price, and for others prices were set by either their peer facilitator (3%) or their exploiter (6%). Youth reported having altercations with customers as a result of customers withholding payments, disagreeing about prices, refusing to wear condoms, and overstepping physical boundaries. The degree of these altercations covered the full spectrum of violence and ranged from verbal arguments to threats at gunpoint and rape.

The Impact of Exploitation. CSEC are exposed to a broad range of social, emotional, health and other risks. Estes and Weiner (2001) outline a variety of risks to the wellbeing of youth involved in commercial sexual exploitation from home and on the street. In particular, they note that CSEC living in their own homes are at substantial risk of re-exploitation over a period of many years. These risks are especially high in families where the exploitation has not been detected and no external intervention has occurred by law enforcement or child protective authorities. Additional consequences include; pregnancy, physical trauma, substance abuse, unjust criminalization, rejection from society, and criminal behavior/continued involvement in sex work (Miller-Perrin & Wurtele, 2017)

Estes and Weiner (2001) also found that homeless children are subject to an extraordinary range of social, emotional, physical, health and economic risks. Poverty, hunger and malnutrition are frequently experienced by these youth. Illnesses caused by exposure to extreme weather, eating garbage from restaurant dumpsters and sleeping in pest and vermin infested areas is widespread. Sexually transmitted diseases are
particularly high among street youth who engage in survival sex. Street youth are exposed to violence inflicted by peers, pimps, “Johns” and others.

Street youth also suffer disproportionately from serious mental illnesses. Nearly 66% of street youth studied in Seattle were diagnosed with disruptive behavior disorders, attention deficit disorders, mania, schizophrenia, or post-traumatic stress syndrome. Clinical depression was found to be widespread among street youth in Seattle and San Francisco. Among street youth in Denver, New York and San Francisco, suicidal ideation and attempts were popular. Sexually exploited homeless youth had a higher attempted suicide rate than homeless youth who had not been sexually exploited (Greene et al., 1999; Robertson & Toro, 1998), as well as a greater decline in health status than other homeless youth (Gaetz & O’Grady, 2002; Yates, et al., 1991) and a higher incidence of rape (Yates, et al., 1991).

Stigma from community residents, harassment by local police, and neglect of the needs of street children by local human service agencies are among the identified challenges confronting street youth. Street youth also participate extensively in criminal activity, but the majority of these crimes are committed to obtain the resources required to meet their survival needs (Estes & Weiner, 2001). When the youth were asked if they would like to leave “the life”, 87% said, yes, but most quickly added that they were doing what they had to do to survive. Many youth talked at length about the shame, stigma, degradation, and loneliness that they felt. They added that being labeled and stigmatized by their family, peers, and society left them with low levels of self-esteem and self-worth which often resulted in an inability to leave “the life.” Beside the self-loathing that they experienced from participating in CSEC markets, one of the youths’ biggest dislikes was
providing sexual services to strangers, and the risk of being raped or killed weighed most on their minds (Curtis et al., 2008).

*Trauma.* The commercial sexual exploitation of children is a crime where children’s bodies are commodified by an adult in a position of power, combining elements of physical, psychological, and sexual abuse (Barnitz, 2001). Additionally, case histories of survivors reveal a long history of abuse prior to exploitation (Estes & Weiner, 2001). The literature on trauma supports the claim that people with histories of multiple victimizations, such as those beginning in childhood and resulting in disruptions of parent-child relationships, result in more significant trauma symptoms (Turner et al., 2006). Many CSEC present with substance-related disorders, dissociative disorders, impulse control, conduct disorder, attention-deficit/hyperactivity disorder, antisocial personality traits, and various environmental problems (Williamson, 2010). In addition to emotional problems, survivors of human trafficking are susceptible to physical health problems as a result of illness, injury, or indirectly through stress reactions. Service providers report survivors often complain of unexplained somatic ailments such as stomach pain or headaches (Clawson, 2009).

In some cases, exposure to trauma results in Post-Traumatic Stress Disorder (PTSD). PTSD is a mental health diagnostic category characterized by symptoms including intrusive re-experiencing of trauma (e.g., flashbacks, nightmares, and intrusive thoughts), avoidance or numbing of trauma-related, or trauma-triggering, stimuli (e.g. avoiding certain places, people, and situations), hyper arousal (e.g., heightened startle response, and inability to concentrate), and changes in mood and cognition (e.g. the belief that the world is a dangerous place, persistent feelings of guilt, feelings of detachment
from others) (American Psychiatric Association, 2013). PTSD and other responses to trauma contribute to difficulty with functioning, including difficulties controlling emotions, sudden outbursts of anger or self-mutilation, difficulties concentrating, suicidal behaviors, alterations in consciousness (dissociation), and increased risk taking. These behaviors frequently identified by service providers working with survivors of sex trafficking (Clawson, 2009).

It is important to note, however, that self-medication or development of survival skills might mask the presentation of complex traumatic reactions (Alexander et al., 2005). Trauma exposure occurs along a continuum of “complexity,” from the less complex single, adult-onset incident (e.g., a car accident) where all else is stable in a person’s life, to the repeated and intrusive trauma “frequently of an interpersonal nature, often involving a significant amount of stigma or shame” and where an individual may be more vulnerable, due to a variety of factors, to its effects (Briere & Spinazzola, 2005, p. 401). Survivors of human trafficking, especially sex trafficking, are often placed at the complex end of this continuum. Co-occurring behavioral health problems, such as substance abuse disorders, are associated with complex trauma (Acierno et al., 1999) as well as a range of other problems, including limited social support, lower socioeconomic status, and stigma associated with particular traumatic events (Brier & Spinozzola, 2005).

Stigma is an important consideration because, as Goździak (2008) points out, a child’s understanding of their identity as a victim plays an important role in post-trafficking adjustment. Additionally, this perception, coupled with a pervasive mistrust of others due to previous experiences of betrayal, can impede the ability of first responders
to help victims (Clawson, 2009). A survivor’s perception of their experience is undoubtedly impacted by the way that society conceptualizes their experience.

In the Juvenile Prostitution Study, youth were categorized as “victims” if (a) only the exploiter was arrested or (b) the juvenile and exploiter were arrested but the charge against the juvenile was not a prostitution-related charge (e.g., disturbing the peace or a drug charge). Juveniles were categorized as “delinquents” if they were the only ones arrested or detained. Overall, 69% of juveniles were ultimately classified as victims and 31% as delinquents. The study found a strong and significant association between how the case came to the police’s attention and how the juvenile was treated by law enforcement. Cases that began through a police report were almost eight times more likely to result in the juvenile being treated as a victim than those cases that began through action taken by the police. Juveniles were also more likely to be treated as victims if they were younger, female, frightened, or were dirty or had body odor at the time of the initial encounter with police. (Finklea et al., 2011).

Goździak (2008) notes that children who cooperated with the perpetrators or enjoyed aspects of their experiences (such as pretty clothes, freedom, boyfriends, drugs or alcohol) may also struggle to identify themselves as victims. As a result, these youth are more susceptible to trauma and more resistant to therapy. This is because their understanding of their situation often conflicts with the goals of service providers and law enforcement officers. In contrast, clear identification of an exploiter as a perpetrator correlates with less traumatic aftermath. One exception is in situations where the perpetrator was a relative or a boyfriend, as there appeared to be a feeling of betrayal.
associated with traumatic response. The situation is even more complex in cases where
the traffickers are family members (Goździak, 2008).

Oftentimes, the process of rehabilitation and rescue risks re-victimizing survivors
of commercial sexual exploitation. Re-victimization, in this instance, refers to a situation
where the victim of a crime feels their needs are not met by responders and, as a result,
they experience a sense of being violated and victimized (Ranjbar & Speer, 2013). This
could occur within the legal process, where prosecution expects a youth to repeat their
story to multiple law enforcement agents or, in some cases, testify against their exploiter.
It could also occur within a medical setting where first responders lack empathy or skill,
subjecting victims of a crime to stigma and blame. In a study conducted by Campbell and
colleagues (1999), women who were sexually assaulted by a perpetrator who was
familiar to them and then experienced re-victimization while receiving medical services
had elevated symptoms of post-traumatic stress.

Within the legal system, the primary trauma may be reactivated when recounting
the experience to law enforcement or confronting the exploiter face-to-face. In many
cases, the youth hads been threatened by the trafficker not to disclose information as a
way to prevent cooperation in an investigation or prosecution. In addition, a victim may
fear possible prosecution for unlawful activities committed as part of the victimization
such as prostitution, drug use, and illegal immigration. The defense may also cite the
survivor’s criminal record in order to attack their credibility, re-victimizing them in the
courtroom (UNODC, 2014).

Recovery. The road to recovery for survivors of commercial sexual exploitation is
long and complicated. One of the most pressing needs of recently- liberated survivors is
securing a safe place to stay. In recent years, victims of trafficking around the world have broken free from their exploitation only to find themselves locked in so-called shelters that more closely resemble detention centers than havens of support and safety (Goździak, 2008). Such environments fail to support a victim’s sense of independence and agency. Worse still, confinement and isolation in such facilities may mimic exploitation and have the potential to re-traumatize.

According to Goździak (2008), a shelter is ideally a place where a trafficked person is free to stay, leave, and return again if he or she feels the need. Such facilities should be safe and secure. Certain procedures and policies can be put in place to guarantee security, such as restrictions on who is allowed to enter a facility or even know the address. An effective shelter promotes, rather than hinders, a victim’s freedom of movement (Goździak, 2008). Once safety has been established, Clawson (2008) notes that issues of affordability and access to services, as well as responsiveness of those services to the complex needs of survivors, are common issues identified by service providers.

For most survivors, shame is seen as one of the greatest barriers to seeking services. Although providers report a willingness to seek help for physical health complaints, stigma associated with mental health often causes trauma responses to remain untreated. Concerns related to confidentiality also impact the willingness of survivors to seek help. The shame and stigma of sex trafficking may lead CSEC to conceal their involvement in prostitution in the therapeutic relationship (Herman, 2003). In addition, if a victim does not define her experience as abusive, she is unlikely to seek help (Ugarte et al., 2003). Further, Clawson and colleagues (2008) note that it is often assumed that child
welfare systems will provide mental health services for minors, although this is not necessarily a guarantee.

Clinicians serving vulnerable populations are often limited to short-term time-limited interventions, which may not meet the needs of clients with complex traumatic experiences. Service providers report significant difficulty establishing rapport with CSEC without an adequate amount of time to build trust. Furthermore, the demands of traditional therapeutic services often fail to meet the needs of CSEC, who may find it difficult to meet expectations such as weekly appointments. Existing systems of care are not often constructed in a way that supports the considerable flexibility needed to provide responsive treatment. Some facilities attempt to meet these needs by placing survivors in lockdown facilities. Clawson et al. (2008) reiterates, however, that many survivors of exploitation have already experienced a significant loss of control, rendering locked treatment facilities or detention centers particularly threatening and potentially re-traumatizing.

Clawson and colleagues (2008) advocate for trauma informed and trauma specific mental health services to CSEC. To provide trauma informed services means to “know the history of past and current abuse” in the life of your clients and “understand the role that violence and victimization play in the lives of most consumers of... services and to use that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allow services to be delivered in a way that will facilitate consumer participation in treatment.” (Harris & Fallot, 2001, pp. 4-5). These sorts of services are generally developed to treat primary problems other than trauma by providing services in a manner that is welcoming and appropriate to the special needs of trauma survivors.
Trauma specific services refer to trauma specific techniques such as grounding techniques to help manage dissociative symptoms, desensitization therapies to help make painful images more tolerable, and certain behavioral therapies which teach skills for coping with post-trauma effects (Harris & Fallot, 2001). These therapies can be delivered individually or in groups, and are often augmented by other complimentary and culturally appropriate modalities. Education and training of staff who may come into contact with CSEC is important and may include training on the complex reactions of trauma or multicultural education. Additionally, Clawson (2008) advocates for the use of alternatives to traditional therapies, especially those that build self-esteem, empowerment, and re-connection with self, are considered important adjunct services for this population. Examples of these approaches might include art therapy, journaling, poetry and song writing, yoga, body work, drama, and outdoor physical activities.

A Local Snapshot

Through the National Human Trafficking Resource Center, Polaris Project was able to determine which geographical regions of the United States provided the most tips regarding potential trafficking incidents. From 2007 to 2012, the most frequently cited locations of child trafficking were California, Texas, and Florida (Polaris Project, 2013). Florida’s economic reliance on industries such as agriculture and tourism contribute to the demand for the trafficking of workers in the labor and sex industries (Coonan & Thompson, 2003). Estimates suggest that more than 400 child sex trafficking victims have had contact with first responders statewide in the past six years, but were misidentified as delinquents. When identified, prostituted children are often arrested and charged with prostitution (Smith et al., 2009). From 1998-2008, the Miami-Dade County
Juvenile Assessment Center processed 503 juveniles arrested for prostitution (Smith et al., 2009). During the Florida fiscal year 2010-11, the total number of reports received by the Florida Abuse Hotline alleging human trafficking was 480. Between 2011 and 2012 this number increased to 788. Over the course of Florida fiscal year 2012-2013, this number increased to 935. In 2013-2014, the number of reports increased to 978. Of the 978 reports received, the Florida Department of Children and Families identified a total of 755 victims. Approximately 15% of the reports received were male victims, which is consistent with the volume of reports received during the prior three years (Florida Department of Children and Families, 2014).

Dank et al. (2014) found that the city of Miami had the second largest underground sex economy in a targeted, purposive sample of 8 urban areas in the United States. Representatives from the Miami-Dade Police Department, Homeland Security Investigations (HSI), the Federal Bureau of Investigation (FBI), the Attorney General’s Office, and the US Attorney’s office were interviewed along with indicted pimps and current sex workers. Dank et al. (2015) identified several venues facilitating the sale of sex and the sex trafficking of adults and minors in Miami, including massage parlors, escort services, brothels, nightclubs and strip clubs, open-air or street-based markets, Internet-based advertisements, hotels, and homes.

Over the past five years, stakeholders have noticed a shift toward internet-facilitated prostitution and sex trafficking rather than street-based prostitution. South Beach was declared a “prostitution-free zone” in 2000; this does not mean that prostitution did not occur, but rather that street-based prostitution is less likely to be found (Maurrasse & Jones, 2016). Street-based prostitution is most likely to be found in
the low income areas of Miami, but recently these areas have become the focus of police activity with raids such as “Operation Dear John” (Maurrasse & Jones, 2016).

Brothels are primarily operated by individuals from Mexico, Guatemala, Honduras, or El Salvador and managed by individual families, rather than large criminal networks. Women and girls in brothels are typically from Central America as well. Migrant farmworkers following seasonal crop cycles reportedly comprise the largest client base of Latino brothels. Prices charged are usually about $25 for 15 minutes. Erotic massage parlors are typically run by Chinese nationals and are highly organized, with direct links back to China. In these massage parlors, the owner charges a “house fee” to rent the room and a charge per sexual activity. Any amount tipped goes to the woman performing the act. Internet-facilitated trafficking and prostitution in Miami usually takes the form of escort service websites and websites such as Craigslist, Backpage, or Eros that advertise individuals who may or may not be controlled by a pimp.

Online escort services in Miami were described as “high-end” and provided services for between $600 and $1,000 per hour, lending itself to a wealthier clientele. Law enforcement noted that escort services investigations revealed sex trafficking of women and girls, primarily of Eastern European descent and domestic minors. Websites such as Craigslist, Backpage, and Eros advertise commercial sex in Miami and were noted by law enforcement as more expensive than brothels or street-based commercial sex, but less expensive than escort services. Police officials reported that on average, prices in Miami range from $150 to $300 on these sites and are similar whether the individual advertised is a minor or an adult. Specific to Miami, clubs on South Beach are used as venues for the solicitation of sex, where escorts move from club to club looking
to “pick up” a “John”, often supervised by a pimp. Similarly, street-based prostitution and sex trafficking occur in Miami. “Tracks” have changed significantly over the past five years from primarily involving US citizen minors to currently involving drug-addicted adults. Despite this shift, the street offers commercial sex activities for the lowest prices, which could be as low as $15 for a sex act. Law enforcement surmised that this change was a result of the Internet, as well as a possible deterrent effect of law enforcement investigations. Most of the minors law enforcement reported seeing are pimp-controlled and are advertised online (Dank et al., 2014).

According to Dank et al. (2014), Miami was reported to be “on a circuit” with major cities including Atlanta, New York, Dallas, Houston, Las Vegas, Orlando, Jacksonville, Seattle, and cities in California. The networks of those operating massage parlors, escort services, and beach clubs are thought to be transnational, involving Chinese and Eastern European organized crime. Law enforcement has not noted a direct link between weapons, drugs, and sex trafficking. Law enforcement reported a weak link between sex trafficking and child pornography, but did state that in cases where a trafficker or pimp has pictures of a minor advertised on the Internet or in their possession, they have historically been charged with child pornography offenses. Gang involvement in sex trafficking as part of gang initiations was reported by law enforcement in Miami as a more recent and increasing trend, where gang members profit from the sexual exploitation of young women.

Although pimps in the Miami metro area network socially with one another, they primarily work independently and are not highly organized. Law enforcement went on to describe that the social networks among pimps are thought to be born out of their prior
connections as drug dealers and gang members. It was noted, however, that the competition among Miami-based pimps does not typically involve violence towards one another. Considerable violence toward victims, however, was common, including the selling or trading of women and children among pimps. Law enforcement reported pimps’ tendency to hide assets by renting cars or homes in other individuals’ names (Dank et al., 2014).

Section 39.001(5), F.S., establishes goals for the treatment of CSEC residing within the Florida dependency system:

1. Ensure safety of youth
2. Provide for the treatment of children as dependents, rather than as delinquents in the criminal or juvenile systems
3. Sever trauma bonds between exploited children and traffickers
4. Reunite children with their families or provide them with appropriate guardians
5. Enable children to be willing and reliable witnesses in the prosecution of traffickers

Currently, Dade County has implemented a “dual track” approach to the trafficking of domestic minors for sex. The approach combines aggressive prosecution of traffickers with service provision to survivors (Grand Jury Report, 2013). Shelter options for children include licensed federal foster homes, medical foster care, group homes, and shelter care.

In Florida fiscal year 2013-14, there were six Safe Homes available with a total of 28 beds. Two new safe homes opened in the fall of 2014. All of the Safe Homes are
gender-specific, serving only females. There are two residential campus settings that have a CSEC track and specialized treatment for the population. The residential campus settings are able to serve female, male, and transgender children. The beds available on these campuses fluctuate based on the total number of residents in all programs offered. In Miami, there are 5-7 beds available within the existing Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) Program, a pilot treatment program by Citrus Health Network being implemented in Miami-Dade County, Florida to address the unique mental and behavioral health needs of youth who have been engaged in commercial sexual exploitation. Between October 1, 2013 and September 30, 2014, a total of 79 children were placed with foster parents or providers focused on children who have been commercially sexually exploited.

At this time, there are no emergency placement options specifically for CSEC victims. Available programs that focus on the specific trauma needs of these children have their own individualized intake and assessment processes, making collaboration between agencies difficult. Such processes often require an interview of the child and/or a willingness of the child to participate in the program. Limitations on placement must also be considered. For example, children who have a shared gang affiliation or a conflicting gang affiliation, or children who have shared exploiters, often cannot be placed together in order to ensure client safety (Florida Department of Children and Families, 2014). In addition, Project GOLD serves as a Drop-In Center for commercially sexually exploited girls in the Miami-Dade area.
Rationale for Methodology

In light of the existent literature examining the topic of child sexual exploitation, researchers are charged with the task of establishing a comprehensive understanding of the experience with implications for the prevention, policy, and clinical treatment. As such, the present study conducted an in-depth qualitative analysis of the experiences of commercially sexually exploited youth in Miami, Florida using photovoice, an arts-based participatory action methodology. The purpose of the project was two-fold: to enhance the field of knowledge surrounding CSEC and empower a group of local survivors to advocate for themselves and their community. This approach was deemed appropriate for use with survivors due to the explicit focuses on artistic expression, mutual empowerment, and action.

Theoretical and Practical Framework

The use of photovoice methodology is informed primarily by feminist standpoint theories, Freirean pedagogy, and participatory documentary photography. These theoretical and practical underpinnings inform the use of the qualitative, arts-based method of photovoice.

Feminist Standpoint Theories

Standpoint theories emerged in the 1970s and 1980s as feminist critical theories that examined the relations between the production of knowledge and the practices of power (Harding, 2004). As a central tenant, the theory acknowledges that one’s “standpoint”, or place from which they are able to perceive “truth”, differs depending on their location within the social structure. The assumption is that socially oppressed classes have access to knowledge that is unavailable to the socially privileged. As such,
this unique epistemology advocates for an exploration of the world as it is perceived by marginalized groups. Feminist standpoint scholars seek to create a space where the voices of oppressed groups can be heard, uncovering the hidden knowledge that might be cultivated from living “on the margins” of society (Harding, 2004). Through the use of ethnographic methods, data collection, and analysis, researchers learn to interpret the world of participants as they understand it. Researchers are able to access knowledge that often overlooked by the larger society (Longino, 1999). This study places CSEC at the center of the research process, creating a space for their voices to be heard, honoring them as knowers, translating their knowledge into practice, and using this knowledge in the pursuit of justice (Brooks, 2007). Further, by facilitating discussion across groups, CSEC of differing backgrounds and experiences can form an alliance that will enable shared understanding and advocacy.

**Freirean Pedagogy and Empowerment Education**

The rationale for this study is also influenced by Paulo Freire’s empowerment education for critical consciousness, also commonly referred to as problem-posing education or liberation pedagogy (Capous Desyllas, 2013b). Liberation pedagogy frames education as a group process that is ultimately intended to liberate and empower. Freire’s approach initiates a process where oppressed individuals can examine their potential roles as self-liberators and collaborate in community efforts toward social change. Critical reflection and dialogue are viewed as central to transformational processes (Freire, 1970, as critical reflection focuses on the influence of the socioeconomic, political, cultural and historical context on one’s personal experiences. Through a process of “conscientization”, individuals develop consciousness and learn to perceive social, political and economic contradictions through dialogue. It is this consciousness that has
the power to transform reality (Taylor, 1993). In this particular context, photographs captured by participants serve to fuel critical consciousness and collective action by acting as concrete physical representations of identified community issues. Knowledge is co-created in discussion groups where participants will review their captured images (Freire, 1970; Wang et al., 1996).

**Participatory Documentary Photography**

Finally, this project is informed by the philosophy of participatory documentary photography, or the use of visual imagery to elicit social consciousness and social change. When community members are empowered to document their own lives, rather than existing as subjects to be studied, documentary photography becomes a powerful tool to draw attention to the their lived experiences, ignite public interest and curiosity, and promote the well-being of themselves and their communities (Wang et al., 1996). Photographic images can arouse a viewer’s conscience by portraying the wellbeing of both the photographic subject and the society of which they are part (Wang & Burris, 1997). Further, the documentary process promotes a sense of solidarity within the community, building a collaborative space for participants to advocate for their needs (Capous Desyllas, 2013b). Similarly, photovoice allows individuals to record their lived experiences and initiate change within their communities (Wang et al., 1996). Using photovoice, CSEC were able to document their lived experiences through a series of visual images that served as an impetus for individual empowerment, community building and advocacy.
Qualitative Research

The topic of CSEC was best explored though a process of qualitative inquiry, as it remains an issue that needs to be explored within a group that is difficult to access. Further, the study established a detailed and complicated understanding of a phenomenon and empowered a marginalized group. (Creswell, 2013). Qualitative researchers generally ascribe to the assumption that multiple realities exist and knowledge is known through the subjective experiences of people. Their goal is to minimize distance between themselves and participants in order to develop and understanding of subjective realities through inductive and emerging reasoning. The researcher, as the instrument of data collection, must maintain reflexivity as a single concept that is explored through rigorous collection from multiple forms of data (Harry, 1996). After an adequate amount of time has been spent in the field, collected data is systematically analyzed and summarized in order to best represent the multiple realities that are explored. Special attention is paid to rigor in methodology, data collection, analysis, validity and report writing. Furthermore, research should be conducted with the best interest of participants in mind (Creswell, 2013).

Lincoln and Guba (1986) explore the idea of “trustworthiness” in naturalistic inquiry, which is akin to the concept of “internal validity” in quantitative research. The author must first establish credibility through a process of prolonged engagement, peer debriefing, negative case analysis, referential adequacy, and member checks. A reflexive journal can be used to generally support the establishment of trustworthiness. Since the qualitative researcher studies a specific context, it is impossible to generalize findings to other contexts. It is, however, possible to provide a rich description of the context so that
one might identify similarities between contexts and hypothesize that findings might be similar. By providing the reader with thick description, the researcher makes transferability judgments possible. Triangulation of methods confirms the dependability of analysis, which can be further confirmed through an audit trail including raw data, data analysis products, data synthesis products, process notes, materials relating to intentions, and instrument development information (Lincoln & Guba, 1986).

**Community Based Participatory Research**

Photovoice methodology is described as both an innovative form of participatory action research (PAR) (Wang, 1999) and a community based participatory research (CBPR) approach (Dolwick-Grieb et al., 2013). PAR is the systematic inquiry of an issue conducted in collaboration with those who are affected by it for purposes of empowering the community, initiating action, and effecting positive change (Green et al., 2003). CBPR uses a collaborative approach to equitably involve community members, organizational representatives, and researchers in all aspects of the PAR process, forming a network where partners can contribute unique strengths and share responsibilities. This arrangement serves to enhance understanding of a given phenomenon within the social and cultural context of the community. Additionally, it allows for the integration of knowledge gained through research into community-based action aimed at improving the health and well-being of community members (Israel et al., 2001).

Participatory research breaks down the distinction between the researcher and the researched by inviting people to participate in the process of gaining and creating knowledge, developing consciousness, and mobilizing for action (Hall, 1993). Israel and colleagues (1998) propose that the key principles of community-based research include
recognizing community as a unit of identity, building on strengths and resources within the community, facilitating collaborative community partnerships in all phases of the research, integrating knowledge and action for mutual benefit of all partners, promoting a co-learning and empowering process that attends to social inequalities, involving a cyclical and iterative process that leads to a strong partnership, disseminating findings to all partners, and acknowledging all participants’ contributions to knowledge production. In order to acknowledge the mutual nature of CBPR methodologies, studies often refer to participants as “co-researchers” to emphasize their shared role in the research process (Dolwick-Grieb et al., 2013).

**Arts-Based Research**

Photovoice methodology is influenced by the field of arts-based research, which uses radical, ethical, and revolutionary techniques to conduct research that is progressive, socially responsible, and social justice oriented (Capous-Desyllas, 2013b). This approach represents an effort to use creative forms of thinking and representation as a means through which to gain a deeper understanding of complex social phenomena (Barone & Eisner, 2012). By integrating artistic techniques into a postmodern and critical framework, arts-based inquiry can be used to advance a subversive political agenda that addresses issues of social inequity. Such work exposes oppression, targets sites of resistance, and outlines possibilities for transformative processes. From this perspective, arts-based inquiry can explore multiple, new, and diverse ways of understanding and living in the world (Finley, 2008). Meaning is constructed by participants who use multiple mediums to represent their lived experiences, providing a unique opportunity for the researcher and reader to connect empathically with their experience and understand it.
more fully. Eisner (2008) explains that the arts offer innovative ways to represent experiences through a variety of mediums that generate foster empathy and mobilize transformative action (Eisner, 2008).

Through the use of photography, participants had the opportunity to express themselves using images, in addition to language. Barthes (1981) explains that images contain both denotative meanings, or visible truths, and connotative meanings, or contextual implications. This quality allows images to express multiple messages at once, contributing to the richness of data and the multiplicity of perspectives (Capous Desyllas, 2013b). Additionally, images have the capacity to capture aspects of knowledge that are difficult to articulate and might otherwise remain hidden or ignored (Weber, 2008). Finally, images have the capacity to elicit strong emotional and intellectual responses, allowing the viewer to adopt the artist’s point of view and gain an enhancing empathic understanding of their experience (Weber, 2008). Powerful images have the capacity to provoke action in the pursuit of social justice (Wang, 1999). The resultant project has the capacity to reach diverse audiences and democratize research by making it accessible, evocative, empathetic and stimulating (Cole & Knowles, 2008).

**Photovoice Methodology**

Photovoice is an innovative CBPR methodology that emerged from an arts-based research method that was originally coined “photo novella” by Wang, Burris, and Ping in 1996. Photo novellas utilized a variety of visual mediums, including paintings, sculpture, body casting, and written narratives to allow participants to artistically express their experiences (Herbison & Lokanc-Diluzio, 2006). Photovoice, in contrast, relies exclusively on the use of photography to illustrate stories. It was first developed by
Caroline Wang and colleagues for use in the Women’s Reproductive Health and Development Program in Yunnan, China (Wang & Burris, 1997). The approach is unique in that it enables people to identify, represent, and enhance their community through the process of visually documenting their perceived realities. The three primary goals of photovoice are “to enable people (1) to record and reflect their personal and community strengths and concerns, (2) to promote critical dialogue and knowledge about personal and community issues through group discussions of photographs, and (3) to reach policymakers” (Wang, 1999, p.185).

Photovoice places a strong emphasis on the empowerment of marginalized populations, the identification of individual and community strengths, the process of co-learning, community capacity building, and participatory action (Dolwick Grieb et al., 2012). Visual images and accompanying stories serve to create a space where marginalized voices can be shared. Grounded in theories that shift the locus of control from those in positions of power to those whose standpoints are seldom heard, the process of photovoice attempts to dismantle the traditional research relationship by equalizing the distribution of power between researchers and participants (Capous Desyllas, 2013b). This is accomplished by involving community members in every step of the research process, from conceptualization to dissemination.

Wang (1999) specifies five key concepts in photovoice. The first is that images have the capacity to teach. Images are capable of conveying complex meanings and feelings that are often inaccessible through text, serving to inform a critical knowledge that has the capacity to influence the lives of community members. Wang (1999) believes that images contribute to how we define ourselves, how we define and relate to the world,
and what we perceive as being important or different. Second, pictures can influence policy by influencing the development of a critical consciousness that can push community members to advocate for changes on a structural scale. Next, Wang (1999) explains that the community should participate in creating and defining images that shape healthful public policy. Policies created to benefit underprivileged groups are not necessarily based on what these groups need or want. Oftentimes, well-meaning advocates and politicians determine what is best for vulnerable communities without the input of those who comprise the communities themselves. Photovoice creates a forum for community members to produce images, define them, and add value to their perspective, thus providing a context to more holistically understand their experiences and mobilize change. Finally, photovoice must emphasize individual and community action (Wang, 1999), including needs assessment, asset mapping, and participatory program evaluation.

Photovoice has since been used with a wide range of populations in the social science research literature (Catalani & Minkler, 2010). In the United States, it has been used to address a diverse set of public health and social justice concerns. These concerns range from understanding the leisure behaviors of senior women living with HIV (Grosselink & Myllykangas, 2007) to understanding the experiences of female to male (FTM) transsexual adults within the healthcare system (Hussey, 2006). Likewise, it has been used to understand the needs and assets of Latino adults with intellectual disabilities (Jurkowski & Paul-Ward, 2007) and the housing needs of homeless African American women (Killion & Wang, 2000). Internationally, photovoice has been implemented with underserved communities in Asia, Africa, Latin America, and Europe (Catalani & Minkler, 2010). More specifically, it was used to study the experiences of paraplegic
adults in Cameroon and Australia (Allotey et al., 2003), nurses in Uganda caring for individuals living with HIV (Fournier et al., 2007), female migrant workers in rural China (Wang & Burris, 1994), Black gay men and lesbians living in South Africa (Graziano, 2004), Protestant and Catholic women in Northern Ireland (Side, 2005), and Mayan women living in rural Guatemala (Lykes et al., 2003).

Although a review of the current literature indicates that photovoice has not been implemented with commercially sexually exploited children (CSEC), it has been used with several populations of vulnerable youth, including adolescent mothers in Seattle (Stevens, 2006), HIV-vulnerable and low-income teens in Botswana (Short, 2006), underserved elementary and middle school youth in California (Wilson, 2006), Latino immigrant youth in rural North Carolina (Streng et al., 2004), Bedouin youth in Israel (Bader, 2007), underserved high school students in Philadelphia (Chonody et al, 2012), and low income youth in Baltimore (Strack & Magill, 2004). Catalani and Minkler ‘s (2010) analysis of peer-reviewed literature using photovoice methodology found that found that the three primary outcomes of photovoice projects were enhanced community engagement in action and advocacy, improved understanding of community needs and assets, and increased individual empowerment.

Relevant Photovoice Studies

Research studies have used photography with a number of populations in a variety of fields, including anthropology, sociology, psychology, and nursing. Photovoice studies, however, are most prevalent in the fields of community health and nursing. Most relevant to this dissertation are studies that use photovoice as a means to identify individual and community strengths and needs within vulnerable communities of women
and children. Wang, Burris, and Ping’s (1996) Ford Foundation supported Women’s Reproductive Health and Development Program in Yunnan, China used images produced by 62 women to influence policy related to day care, midwifery, and education for girls (Wang, Burris, & Ping, 1996). Photographs depicting women performing heavy farm labor while their infants wait in the fields and children playing unsupervised near bodies of water resulted in the decision to set up child care centers in the region. A photo depicting a woman who had delivered a baby at home because she could not afford to go to the hospital resulted in a program to train midwives, indigenous older women, to provide birthing assistance to rural women. Finally, a photograph of a young girl caring for her baby brother during school hours prompted policy makers to provide scholarships, not only for poor girls, but also for outstanding female students regardless of income. This seminal study demonstrates the power of visual images to influence structural changes.

Another relevant international study by Short (2006) used photovoice as a method to engage vulnerable youth in partnership. Short (2006) evaluated and reviewed simple and effective methods for preventing the transmission of HIV in Botswana. Teenagers in a school in Gaborone, Botswana were lent disposable cameras, and asked to take photographs in the community illustrating the theme of HIV/AIDS prevention. After photographs were developed, youth selected the ones they thought were representative of various HIV/AIDS-related themes. Critical discussions surrounding the photographs, led to the decision to display the captioned pieces in a photographic exhibition where students from other schools were invited to attend. In this case, the photovoice technique
was used as a method through which to develop a strategy for HIV/AIDS education of students created by students.

Similarly, Bader et al. (2006) examined the effectiveness of a multi-phase model for engaging youth in community health promotion in the Middle East. This study utilized a two-stage process. In the first stage, 20 9th grade students from Beduin communities in Northern and Southern Israel used photographs to identify strengths and weaknesses in their communities. Facilitators then aided the youth in selecting an issue, planning, and carrying out an action plan. Both groups developed interventions aimed at raising awareness in their communities about issues that were unique to their contexts. One group of students developed a violence prevention video that included monologues about verbal and emotional abuse, a scene mimicking a physical fight, and interviews with the school guidance counselor and a religious leader in the community. The other group of students arranged a PowerPoint presentation aimed at educating adults in the community about the issue of suicide. Both groups reported that they enjoyed learning about photography, seeing their work on the internet, completing the project, meeting other Beduoin students, and being “heard”.

Although photovoice has not been used with CSEC, Capous Desyllas (2013a) examined the lived experiences of adult female sex workers living in Portland, Oregon. Prior to beginning this project, she volunteered as an activist with the Sex Worker Outreach Coalition (SWOC) and engaged in outreach to sex workers. The research study was a collaborative endeavor with a fellow SWOC activist and sex workers’ rights advocate. As a photographer and researcher, Capous Desyllas (2013a) hoped to challenge public perceptions of sex work by providing sex workers with an opportunity to tell their
stories through their own artistic self-representation. Additionally, she hoped to provide opportunities for group dialogue, engagement in community education, and activism through art. A total of eleven diverse female sex workers, between the ages of 18 and 25, participated in the study. The main themes that emerged from a synthesis of the findings were that there is no universal sex worker experience, sex workers share experiences of stigma, art can be used as activism as well as a form of resistance, and art can be a source of empowerment. The photographs were represented in various community art exhibits serving to inform policymakers, influential community advocates and the broader public about sex workers’ needs and important issues in their lives and providing a forum for sex workers to share their lived experiences, perspectives, and artwork with individuals beyond academia. Capous Desyllas (2013a) explains that while the research study did not have any immediate or direct effects on local policy decisions, it received a lot of media attention and community support. The art exhibits were featured in two local newspapers and televised on the local news station.

Photovoice has been used to learn more about vulnerable populations of youth in the United States. An exploratory study by Stevens (2006) used various ethnographic methodologies, including in-depth interviews and participant observations, in conjunction with photovoice, to explore how adolescent women who were parenting defined their health needs. English-speaking young women, ages 15 to 21, who were parenting at least one child who was 3 months or older, were eligible to participate in the study. After their first interview, participants were given cameras and asked to document aspects of their everyday life that impacted their health. The second interview provided an opportunity for participants to explain their photographs to the researcher. Three themes were
identified, including “taking care of my body”, “having what I need”, and “not being stressed out”. This study was focused on gathering descriptive information rather than promoting participatory action.

In contrast, The Baltimore Youth Photovoice Project, led by Strack et al. (2004), was designed to adapt and test the effectiveness of the photovoice method for youth participants, and, if appropriate, develop and refine a curriculum for replication. A variety of methods were employed to evaluate the efficacy of the project, structured surveys and qualitative interviews, the authors’ observations and field notes, and feedback from practitioners at the teen center and exhibit attendees. The project was conducted at an after-school teen center located in the heart of a multi-ethnic community in Baltimore. Participants were between the ages of 11 and 19. The project was designed as a university-community collaboration that aimed to optimize the research skills of university scholars and the insights of community practitioners. A total of 14 youth committed to attending the twice-weekly sessions. A total of 20 two-hour sessions were held twice a week during the course of 12 weeks. Participants were evenly distributed by gender and were representative of the multi-ethnic community in which the project was based.

During the course of the project, virtually all of the participants experienced drug use or trafficking by immediate family members, an eviction, the recent death of a parent, parental abuse, the hospitalization of a parent for mental illness, teen pregnancy, or an injury from violence at school and in the community. A total of four exhibits were held upon completion of the project. The first exhibit was held at the teen center and provided an opportunity for family and friends to admire the youth’s work. The second exhibit,
displayed at the university, exposed faculty members and students to the youth’s voices. The third show brought local policy makers and influential community members into the teen center and placed them in contact with youth’s concerns. The fourth exhibit was displayed for a 2-week stretch at a local community cultural arts theatre.

Photovoice methodology has been used in the United States to engage vulnerable youth in action and advocacy. For example, Streng et al.’s (2004) Project Realidad Latina (Latino Reality) was a qualitative exploratory study conducted to gain insight into the immigration experiences of 10 newly-arrived Latino adolescents living in rural North Carolina. The study followed a community-based participatory research (CBPR) approach and used the photovoice method. The study was a research partnership between a local high school’s Latino student-led club and the University of North Carolina, School of Public Health. Objectives of the study were to engage Latino adolescents in identifying issues affected by their immigration experiences and to examine these issues in partnership with local health and human service providers to initiate community action.

The project was conducted over a one year period in Centerville, a small rural town in North Carolina. Ten students completed in four photo-assignments, including “What is it like to be a Latino adolescent living in Centerville, North Carolina?”, “What are some solutions to the issues brought up in photo-assignment #1?”, “Social activities and celebrations”, and “What is it like to be a Latino adolescent going to high school in Centerville?”. During each group discussion, participant related experiences for three pictures and the group generated issues or assets associated with the photographs. From the participants’ words and photographs emerged contextual descriptions of issues that
both challenged and facilitated their adaptation and quality of life in their school and community. A photograph exhibition and community forum raised awareness among local decision-makers and community members of the issues and assets of Latino adolescents and initiated a process toward change.

Similarly, Wilson and Minkler (2006), in partnership with an afterschool empowerment program and research project for underserved early adolescents, engaged youth in a photovoice project. The Youth Empowerment Strategies (YES!) program engages youth as critical thinkers and problem solvers. Consistent with the ideas of Prilleltensky, Nelson, and Peirson (2001) who propose that wellness of youth includes voice and choice, self-efficacy, and the ability to advocate for community change, the YES! program is intended to create a group context in which cognitive and social skills are practiced to encourage meaningful contributions to social action community projects.

Participants were identified as high risk by virtue of attending Title 1 public elementary schools serving low-income communities in West Contra Costa County, California. One hundred and twenty two participants formed 13 groups. Of these, 53.3% (n = 65) were girls. Ages ranged from 9 through 12 years. About half of the sample self-identified as Latino, with the remainder of the group identifying as Native American, Caucasian, African American, Asian, and “other”.

Participants met in groups for 90 minutes weekly after school, for approximately 25 sessions. Meetings were facilitated by one graduate student from the University of California at Berkeley and one local high school student. Of the 13 groups, 12 were able to design and implement a social action project about assets or issues at their school. Due to group dynamics, one group of sixth-grade boys had trouble moving through the
curriculum and was unable to choose a specific issue or asset to develop into a project. Instead, they created a lunchtime exhibit of their “issues and assets” photographs for students and faculty. Projects included awareness campaigns, clean-ups, production of a yearbook, and production of a petition to be sent to local politicians.

In an attempt to better understand how youth understand violence, its causes, and ways to address it, photovoice methodology was employed by Chonody et al. (2012) in a summer program with high school aged youth, most of whom were African American and from neighborhoods characterized by an intersection of poverty, race and violence. The project was the result of a partnership between the UCCP, which provides a series of after school and summer programs, credit-bearing internships, and education activities to develop leadership capacities of youth and young adults aged 14 to 24 years, and researchers at Temple University. In summer 2010, participants were offered the opportunity to take part in a photovoice group. Because photovoice is grounded in an empowerment and community-based framework, researchers felt it was an appropriate research methodology for a youth group. During the UCCP’s general orientation for its summer programming, the photovoice project was explained, and interested youth elected to participate. The 10 participants were between 15 and 17 years of age, and four were male and six female. Of the participants, nine identified as African American and one as multiracial. The participants came from different low-income neighborhoods in Philadelphia. All participants were low income and had at least one documented barrier, such as homelessness or runaway, foster care placement, pregnant or parenting teen, youth offender, basic skills deficit, and/or needed additional assistance with education or employment.
When identifying reasons for violence, youth identified money, drugs, disagreements, and love. To represent the strong presence of intimate partner violence, one participant submitted a picture of two hands in the shape of a heart with the following caption: “A heart made out of hands means a relationship with love and physical abuse with the hands. It represents violence, abusive relationships”. When the community’s role in violence prevention was discussed the tone turned to one of apathy and defeat. This demonstrated to researchers that participants felt powerless in the face of community violence.

The literature clearly demonstrates that photovoice is an appropriate methodology to develop a rich phenomenological understanding of the experiences of CSEC and empower participants through their engagement with the research process. This approach has been successfully implemented to address the needs of vulnerable youth from similar populations. Further, the literature indicates that participation in photovoice projects can promote positive outcomes for youth participants. As such, photovoice methodology was implemented at Project GOLD over the span of 12 sessions in the summer of 2016.
Chapter Three: Methods

Location of Self

Prior to providing an explanation of research methodology, I find it critical to position myself within the larger context of the project. As Foley and Valenzuela (2005) acknowledge, critical ethnographers are “mere culture-bound mortals speaking from very particular race, class, gender, and sexual identity locations” (p.218). The intersection of my various experiences and identities are inextricably tied to my worldview, my belief system, and my personal purpose as a researcher. These facets, in turn, impact my selection of a research topic, choice of research design, and interpretation of the dissertation project and, thus, should be documented (Harry, 1996). I approach this project as a Cuban-American, Jewish, queer, feminist woman. I was fortunate to attend prestigious academic institutions throughout my development which allowed me to exist within upper-middle class social spheres, although my own family’s income fluctuated significantly during this period due to my father’s incarceration and my younger sister’s disabilities. It is important to note that my phenotypic presentation and relationship status have granted me various privileges, as I present to the world like an upper-middle class, White, heterosexual woman. The disconnect that exists between my lived experience and the way I am perceived by others has likely influenced my interest in working with marginalized populations that are often misunderstood, stigmatized, and disempowered.

Throughout my youth, I was drawn to the arts as a method of self-expression. In high school I studied both photography and musical theatre. I continued to pursue the performing arts during my undergraduate career, enrolling in both acting and improvisation courses. In my personal life, I frequently utilize creative writing, poetry,
singing, painting, and photography as methods of self-expression, internal inquiry, and stress management. I am also currently a cast member at a local improvisation studio. In addition, I have engaged in both a spiritual and physical yoga practice for over 10 years. I am currently pursuing my 200 hour yoga teacher certification, which has allowed me to deepen my physical practice and learn more about the spiritual and philosophical foundations of yoga. My appreciation for alternative methods of self-expression and healing, including the arts, have undoubtedly influenced my decision to select an arts-based methodology.

I chose to pursue a doctorate in the field of Counseling Psychology because I was fascinated by the complexity of the human experience. My initiation into the world of research came as a disappointment. I had always felt most comfortable using words and images to express complex ideas, but I was met instead with numbers and spreadsheets. To me, the purpose of research was not to reduce complexity, but rather to explore the richness of the human experience. Additionally, I wondered whether many of the phenomena being analyzed were truly quantifiable. Coming from a strong constructivist orientation, I felt that many of the measures used to obtain quantitative data were lacking in meaning. Finally, I found the process of research dissemination to be problematic. Complicated methodology, odd convention and convoluted jargon serve to systematically exclude the general population from the discourse, alienating the very people that research is often intended to serve.

It was these concerns that led me to explore the world of qualitative research, an approach that I found was both accessible and inclusive. Qualitative research has the propensity to be subversive by nature: by creating a space where the voices of people
who have been historically marginalized can be represented, researchers empower the participants and the community to own that space. Additionally, consumers of research are provided with a subjective researcher’s stance and thick description of events, empowering them to make an educated decision as to whether they trust the information being presented. The accessibility of the qualitative style of writing makes this information more palatable to the general public. My preference for qualitative inquiry also influenced the design of the proposed dissertation.

Prior to embarking on an academic career, my professional experiences fell within two broad areas: sexual health and disempowered young people. After completing a Bachelor’s degree of Psychology at Washington University in St. Louis, I spent a year working as a counselor at a residential facility for youth who had been victims and/or perpetrators of sexual offenses. I then worked for a year with youth in the foster care system of Miami-Dade County, dealing exclusively with matters concerning sexuality and sexual health. During this time, I co-founded FemEx Miami, a non-profit focused on providing a safe space for young professionals to openly discuss issues associated with gender and sexuality.

Since then, my graduate level research has focused on exploring the lived experiences of undocumented and unaccompanied immigrant minors, adolescents with perinatally acquired HIV, clinicians providing services to victims of childhood sexual abuse, and sexual assault prevention with young Latino males. My clinical work focused on low income, ethnically diverse populations at a clinic on the University of Miami campus, a center for children at a hospital that primarily serves low-income families, and the Miami VA. As a recipient of the 2013-2014 Teaching Fellowship at University of
Miami School of Education and Human Development, I was instructor for a course entitled “Psychological, Sociological, and Historical Bases of Sexual Identity Development”. In searching for an appropriate dissertation topic, I hoped to identify one that could marry my diverse research and clinical interests.

While my previous work had superficially exposed me to the concept of human trafficking, I knew very little about the sale of children for sex in my hometown of Miami, Florida. Subsequent conversations with community stakeholders brought my attention to the enigmatic and singular nature of the underground sex economy in this city, to the lack of reliable information available to the community providers and advocates, and to the larger impact of widely held misconceptions about minors who are sold for sex. It seemed that an exploration of this topic was in order. For my dissertation, I chose to pursue the topic of child sex trafficking in Miami because: (a) I believed that it married my diverse clinical and research interests, (b) as a Miami local, I am deeply invested in the future of the Miami community, (c) through previous work I have seen the devastating impact that sexual trauma can have on young people, and (d) I believe that well conducted qualitative research could provide the community with a deeper understanding of the experiences of these youth with the potential to impact public policy, public attitudes towards these youth, the legal and clinical treatment of CSEC, and could have implications for the city’s larger systemic approach towards this issue.

I approach this study primarily from an etic perspective, although I do have a small level of insider status. I’m primarily an outsider in that I have never been sexually exploited. As a Latina woman raised in Miami, I share some level of cultural understanding with participants. I am part of a different socioeconomic demographic,
however, than the majority of participants. As such, many of my experiences have been and continue to be distinct from theirs due to my level of privilege. I have developed individual relationships with several girls at the center through my role as a volunteer group co-facilitator and yoga instructor, granting me a level of insider familiarity as “staff”. Further, my background in the social service sector of Miami-Dade allows me to approach the community organization as somewhat of an insider (Harry & Rippey, 2005). I also am engaging from the perspective of activist on behalf of the commercially sexually exploited youth (Foley & Valenzuela, 2005).

**Conceptualization of the Study**

Over the course of several years, I have developed a prolonged relationship with Kristi House, Inc., a private, non-profit organization in Miami, Florida, dedicated to healing and eradicating child sexual abuse. In 2007, Project GOLD was founded in order to provide outreach and services to sexually exploited children. As the first agency to address this issue in Miami, the organization emerged as a leader in the local response to the trafficking of children for sex. Project GOLD serves as a bridge between the legal community and service providers, while ensuring that clients receive health, social and legal service linkages and mental health support. Using a strengths-based, survivor-advised approach, the project aims to empower and raise awareness among at-risk girls, identify and assist those who are in need of services to escape exploitation, strengthen the community capacity to address the issue of CSEC, and advocate for change in systems that allow CSEC to continue. More than 200 children have received services on an outpatient basis through Project GOLD (Kristi House, 2014).
The Drop-In Center is home to the project and welcomes all sexually exploited girls, regardless of their current residential placement. It is a place where girls are empowered to find their strengths in a non-judgmental and healing environment. Survivors can reach out to the program directly or appear as referrals from public and private agencies, law enforcement, and the judiciary. Programming is based on the Victim, Survivor, Leader model of the G.E.M.S. program, widely regarded as the forerunner in helping girls and young women escape sexual exploitation (Kristi House, 2014). A counselor is always available to talk and girls can relax in the home-like setting. Several groups are offered at the center, including trauma therapy group, survivor-led support group, mindfulness workshop, sex education, life skills group, yoga, and recreation. There is no charge for services and transportation is often available. Food is always available and casual suppers are provided during evening groups.

I first came into contact with Kristi House in my capacity as a case manager working with the sexual health of youth in the foster care system of Miami-Dade and Monroe counties. During this time I maintained close contact with the organization, as I often needed to make referrals for survivors of sexual abuse. In my capacity as a graduate student, I was fortunate to once again become involved with Kristi House through the University of Miami’s Dunsbaugh-Dalton Community and Educational Well-Being Research Center at the School of Education & Human Development (CEW), a long-standing research partner of the organization. As a graduate assistant for the CEW, I helped to initiate the evaluation of The Child Sexual-Related Trauma Advocacy, Response & Treatment (C-START) project in 2012, a project designed to build community-wide capacity to deliver evidence-based, trauma-informed, culturally
competent treatment interventions for child victims of sexual abuse in Miami-Dade and Monroe Counties. C-START is a program of Kristi House, Inc. and is funded by the U.S. Department of Health and Human Services.

I became involved with Project GOLD in early 2014, when I interviewed the program director for a class project. Following this conversation, I was invited to participate as a volunteer facilitator for the Drop-In Center’s weekly survivor support group. I co-facilitated weekly groups from October of 2014 to May of 2015, and served as a temporary yoga instructor for the girls on several occasions. From August of 2015 to June of 2016, I was hired as Project GOLD/Kristi House staff to help develop and evaluate the new Mentorship Program. During this time, I also met with participants on a weekly basis to conduct “Photovoice Group”, where data for this dissertation project was collected.

Through a process of prolonged engagement with Kristi House and Project GOLD, I found myself in a unique position with the capacity to help meet the needs of this special population. As a co-facilitator of the survivor support group, I was struck by what seemed like an unwillingness on the part of clients to discuss their shared experiences. Avoidance of topics associated with sexual exploitation seemed to extend beyond typical traumatic reactions, reflecting a combination of denial, shame, systemic mistrust, and an inability to articulate their narrative. Many girls did not report feeling victimized, instead reporting engagement in consensual exchanges or altogether denying any involvement in sex work. I began to wonder whether this disconnect reflected a fundamental misunderstanding between CSEC survivors and service providers or
whether survivors struggled to articulate their narratives and needed another means through which to express themselves.

With these concerns in mind, I approached the director of Project GOLD and suggested that the clients might benefit from a photography group; one that could provide them with an alternative method of expression and also provide clinicians with a better understanding of their experiences as constructed by them. This photo group could serve as the basis for a larger photovoice project focused on the experiences of commercially sexually exploited youth in Miami, Florida. Gożdziak and Bump (2008) specify that “too often victims of trafficking remain one-dimensional figures whose stories are condensed and simplified, which does not bode well for the development of culturally appropriate services.” (p. 168). They advocate for the use of qualitative research to obtain a macro- and micro-level understanding of the trafficking phenomenon. This project serves to gain a deeper understanding of the lived experiences of participants and empower them to engage in collaborative action, providing a space where the voices of our city’s most vulnerable youth can be heard and honored.

**Rationale for Proposed Methodology**

Photovoice was selected as the methodology for gaining a deeper understanding of the experiences of CSEC in Miami, Florida and developing a community response to the issue for following reasons: (a) the existing long-term collaboration between the community agency and university; (b) the emphasis on minimizing power differentials through a shared locus of control and research partnership; (c) the potential benefits to participants working in an arts-based action-oriented capacity; (d) the democratization and accessibility of the research process; (e) the focus on raising awareness as well as
providing training to build capacity for advocacy among community members and policymakers; and (f) the explicit emphasis on social action.

*The Existing Collaboration.* The study was conceived from an existing interdisciplinary collaboration between Kristi House Inc. and the University of Miami School of Education and Human Development’s Dunsborough-Dalton Community and Education Wellbeing Center (CEW). In the summer of 2012, the CEW helped Kristi House Inc. to initiate the evaluation of the Child Sexual-Related Trauma Advocacy, Response & Treatment (C-START) project, funded by the U.S. Department of Health and Human Services and designed to build community-wide capacity to deliver evidence-based, trauma-informed, culturally competent treatment interventions for child victims of sexual abuse in Miami-Dade and Monroe Counties.

The executive director of Kristi House asked researchers at the CEW to initiate a second research collaboration focused on their CSEC program, Project GOLD, with the goal of gaining a deeper understanding of the experiences of CSEC. As there is currently no delineated “best practice” in clinical work with CSEC, Kristi House Inc. hoped that information garnered through research will serve to inform clinical services and evaluate the success of the program. Further, they hoped that empirical information about this population will serve to inform the greater Miami community about the sale of children for sex in our communities.

*Shared Locus of Control.* The process of photovoice attempts to dismantle the traditional balance of power in the research relationship by equalizing differentials between researchers and participants (Capous Desyllas, 2013b). This is accomplished by involving community members in every step of the research process, from
conceptualization to dissemination. As researchers and community members work together across boundaries of identity and privilege, trust is established, and the locus of control is shifted from the researcher to the partnership. This partnership enables health researchers and practitioners to better understand the world from the viewpoint of the populations they serve, assuming the legitimacy of popular knowledge produced outside a formal scientific structure (Wang & Burris, 1997).

The climate of respect and mutuality can create an environment which fosters the development of agency (Smith, 2010). As Spencer et al. (2014) specifies, when the locus of control is shared with the community, the basic assumption is made that people are effective and capable. When working with marginalized populations, such as CSEC, a shared locus of control is particularly critical due to the potential for justified mistrust of researchers as agents that represent systemic power. Youth might associate researchers with a system that separated them from their families, stigmatized them, arrested them, or involuntarily committed them in a psychiatric care facility. Further, as survivors of exploitation, it is important for participants to maintain agency throughout the research process.

_Potential Benefits to Participants._ Youth attending groups at the Drop-In Center have complex histories of exploitation, abuse, and neglect. They are often coping with various life stressors, chaotic family situations, and mental health concerns. They typically attend groups through Project GOLD in order to receive some therapeutic benefit, connect with other survivors, and develop a sense of competency and empowerment. There is a small body of literature that points to the idea that participation in photovoice projects can actually promote positive outcomes for youth participants.
Gant et al. (2009) found that participation in a photovoice initiative promotes significant changes in perceived civic engagement among older youths. Civic engagement is related to the development of a sense of community and perceived attachment to one’s home environment. For youth, there may be a relationship between self-efficacy and political and/or social involvement (Sherrod et al., 2002). When young people have a sense of responsibility and leadership in community decisions they often express a sense of excitement and accomplishment (Camino & Zeldin, 2002; Stoneman, 2002). High school aged photovoice participants have reported gaining feelings of pride, agency, and effectiveness from their experiences, feeling more connected to each other and better able to see themselves pursuing higher education and careers (Smith et al., 2012). Further, Smith and colleagues (2012) suggest that photovoice represents a social justice initiative within counseling practice to promote critical consciousness and to connect youth to their communities.

The methodology invites youth to interrogate their own assumptions as they critically examine the forces of racism, classism, and other sociopolitical facets. The authors suggest that photovoice activities serve as a contextualized, community-oriented, critical consciousness-raising intervention. Cammarota and Fine (2008) suggest that when young people learn to critically analyze social structures and discover their capacity to effect change through engaged citizenship, oppressive sociocultural influences are no longer internalized to the same degree. Finally, the arts-based nature of photovoice allows for the creative use of visual expression and deepened communication, adding potential therapeutic value to participation in research (Smith et al., 2012).
Research Accessibility. One way to ensure participation and sustainability in the research process is to make it accessible to community participants. The youth attending groups at Project GOLD often request to engage in various forms of artistic expression. Many of them identify as writers, poets, painters, designers, and singers. Further, the youth participated in a successful photography workshop in the summer of 2014. The workshop occurred without incident and the youth indicated that they enjoyed themselves and wished to learn more. Through Project GOLD, group members participate in a diverse set of groups including trauma therapy group, survivor-led support group, mindfulness workshop, sex education, life skills group, yoga, and recreation. They generally express excitement when posed with new experiences and opportunities to learn skills. From a logistical perspective, Kristi House Inc. provides the youth with transportation to the Center if they cannot arrive on their own. Youth also receive a small cash incentive ($5) for participation in all groups. For these reasons, photovoice is an accessible methodology for participants. Moreover, the final product was designed by participants, ensuring maintained accessibility.

Raising Awareness and Building Capacity. As described by Wang (1999), a major goal of photovoice is to use photography as a vehicle for participants to record and to reflect on their personal and community strengths and concerns. In initial training sessions, youth learn about photovoice methodology, about the ethical and safe use of photography, as well as about how to take descriptive and meaningful photos. Through a process of facilitated critical dialogue surrounding selected pictures, narratives are established that facilitate the development of critical knowledge about personal and community issues. This knowledge serves as the impetus for social action and advocacy.
Additionally, photovoice participants are provided with explicit advocacy training and support.

*Emphasis on Social Action.* Similar to the work of Spencer et al. (2014), the goal of this study is to engage participants, social service providers, and community leaders in a partnership to meet the needs of CSEC survivors in Miami, Florida. Photovoice is an appropriate strategy for gaining a deeper understanding of the lived experiences of Miami-based CSEC. However, the explicit goal of photovoice methodology, as defined by Wang (1999) is to create a situation wherein the voices of participants can reach policymakers in an effort to effect change through social action.

**Limitations of Photovoice**

The methodology of photovoice does pose some limitations. Critiques of photovoice have addressed both ethical (Wang & Redwood-Jones, 2001; Prins 2010; Allen 2012; Evans-Agnew & Rosenberg, 2016) and technical challenges (Royce et al, 2006; Novek & Morris-Oswald 2012). Ethical considerations include individuals’ right to privacy, the validity of consent, the safety of participants, the potential for commercial exploitation and appropriation, and unintentional influence by researchers (Wang & Redwood-Jones, 2001). Further, Prins (2012) introduced the consideration that images could be used as a tool for surveillance, rather than liberation (Prins, 2010). Finally, Catalani and Minkler (2010) assert that photovoice initiatives often fall short of action-oriented goals, focusing on individual impact rather than system-level impact (Sanon et al., 2014). Finally, Capous Desyllas (2013b) points out that a potential ethical implication concerns the unfair distribution of the burden of social change. Technical challenges
included securing financial resources, maintaining youth involvement, retaining and using cameras, and encouraging open critical discussion (Royce et al, 2006).

Due to the unpredictability of what may occur when giving someone a camera to photograph friends, family and the community, participants may encounter potentially risky situations. Particularly when working with vulnerable youth, mechanisms must be put in place to maintain the safety of participants. The photovoice process can be costly and time-consuming. Issues related to transportation, communication, and finances could surface. Additionally, there is risk that participants will not follow-through on assignments or commit time to the project. Despite these limitations, photovoice is a useful tool for deepening our understanding of the experiences of commercially sexually exploited youth, promoting critical dialogue and knowledge through group discussions, and promoting action.

Methods for the Proposed Study

In the planning of this research study, I adhered closely to the intent, activities, and sequencing recommended by Wang and Burris’s (1997) photovoice method and closely followed the steps put forth in Wang’s (1999) article. Wang (1999) delineates nine steps in the photovoice process:

1. Select and recruit a target audience of community leaders or policy makers with the power to make decisions to improve the situation.

Wang (1999) specifies that the target audience may include politicians, journalists, physicians, administrators, researchers, and/or community leaders with the power to make and implement the participants’ recommendation. As an ad hoc advisory board to the project, their role is to help put participants’
will into practice. This step involves the identification of a target audience for the project, as well as the selection of members of this audience to serve as an intermediary between the will of participants and those with the power to affect change in the community. In this particular study, there is already a strong support network in place working to meet the needs of these vulnerable youth. The Miami-Dade County Human Trafficking Coalition (MDCHTC) is housed at the Coordinated Victims Assistance Center (CVAC), a longtime partner of the University of Miami’s Dunsbaugh-Dalton Community and Educational Well-Being Research Center at the School of Education & Human Development (CEW). The coalition includes local social service providers, members of law enforcement, local politicians, religious organizations, advocates, and researchers invested in the issue of human trafficking in Miami, Florida. As a member of this coalition, I have been able to participate in monthly meetings focused on improving community capacity to serve survivors of human trafficking and prevent the sale of people for labor or sex. This coalition served as a guiding resource for advocacy efforts, a liaison between community members and policy makers, and a target audience.

Additionally, Kristi House is a member of the MDHTC. The agency exists as part of a center comprised of seven partner agencies involved in meeting the legal, medical, and emotional needs of child victims of sexual abuse and sex trafficking, as well as holding the perpetrators responsible. As the agency responsible for all sexual abuse cases in Miami-Dade County, it exists as a
powerful community resource and a leader in the provision of services to vulnerable youth. Kristi House is a target audience in that one goal of the research is to share information with clinicians and administration as an opportunity to improve the provision of culturally appropriate and effective services. Kristi House also serves as a guiding resource, with the capacity to facilitate meetings between members of the partnership and community leaders.

I am also fortunate to have a dissertation steering committee comprised of a diverse set of experts, community leaders, and researchers. Serving as a primary advisory board to the project, part of the committee’s role is to support the project in translating research into action. Members of this committee include the Provost of Carlos Albizu University, the program director of Project GOLD, the chair of the Department of Educational and Psychological Studies at the University of Miami School of Education and Human Development, assistant and associate professors of the Department of Educational and Psychological Studies at the University of Miami School of Education and Human Development, and an assistant professor of Interactive Media at The University of Miami School of Communication. All faculty members are community-oriented researchers who value working with the community, the empowerment of marginalized populations, the identification of individual and community strengths, the process of co-learning, community capacity building, and participatory action.

2. Recruit a group of 7-10 participants.
Wang (1999) suggests that a group of 7 to 10 participants allows for practical ease and in-depth discussion. Sampling might be targeted to represent key demographic characteristics such as age, gender, income, race, ethnicity, or health status. For this dissertation study, participants included youth that had been identified as CSEC and met at the Project GOLD Drop-In Center for a weekly empowerment group. Youth ranged in age from 14 to 22 and identified primarily as African American, Black Caribbean, and/or Latina. Co-researchers were of low socio-economic status and many had a history of interaction with the child welfare system or the juvenile justice system.

In order to maintain safety, recruitment was limited to youth who had been approved to participate in group therapy through the Project GOLD Drop-In Center. This excluded youth who had been kidnapped, had acted as recruiters, had a history of engaging in disruptive or dangerous behaviors, or preferred not to participate in groups. Youth who expressed interest in participating needed explicit permission from the director of Project GOLD. Those who did not meet inclusion criteria or did not agree to participate in the study suffered no consequences whatsoever and continued receiving their preferred services at the agency. Youth who elected to participate were asked to commit to a 12 week-long process. In case of attrition, the group decided to allow new members to join them as they came to the program.

Throughout the process of photovoice, participating youth were referred to as “co-researchers”. This term was selected in order to acknowledge the central role of participants in the processes of data collection and analysis.
This term has been used similarly in previous studies utilizing photovoice methodology with similar populations (Dolwick Grieb et al., 2012).

3. Introduce the photovoice methodology to participants and facilitate group discussion.

The initial meeting with co-researchers was guided by a powerpoint presentation and provided information regarding the use of cameras, power, ethics, and safety. Co-researchers were informed of potential risks, and tools for increasing safety were discussed. The importance of giving photographs back to the community as a method of expressing appreciation, respect, or camaraderie was explained. The photovoice concept and method were introduced, with an explicit emphasis on the role of advocacy and responsibility. Wang (1999) asserts that organizers must be aware of their responsibility to participants’ well-being and facilitate effective discussion intended to minimize any potential risks. As such, discussion questions included:

- What is an acceptable way to approach someone to take their photo?
- Should someone take pictures of other people without their knowledge?
- To whom might you wish to give your photographs? What might be the implications of doing so?
- When would you not want to have your picture taken?

Of note, formal training sessions occurred on three separate occasions prior to the onset of data collection: March 18th, April 1st, and April 8th of 2016. Following the final formal training session, youth who joined the photovoice group were exposed to the training protocol individually.

4. Obtain informed consent.
With regard to informed consent, Wang (1999) specifies that facilitators must consider the vulnerabilities of co-researchers with regard to social class, access to power, health concerns, and other factors. As such, researchers clearly explained informed consent both verbally and in writing. The process included a statement of project activities and significance, specific potential risks and benefits, the voluntary nature of participation, and the understanding that no photographs identifying specific individuals will be released without written consent from the photographer and the identified individual (Wang, 1999). Kristi House obtains guardian consent prior to any provision of services, including groups at Project GOLD. As an organization that values the importance of research, the agency also asks guardians to consent for the use of clinical data for research purposes.

In addition to Kristi House’s consent procedures, I obtained a project-specific written consent from each guardian prior to the youth’s participation in the project. This occurred through the same process already in place at the agency. The agency’s cases workers completed Citi Training and were added to the IRB protocol in order to remain consistent with University standards. Case workers were instructed to complete written consent forms with parents, emphasizing that participation is voluntary and there will be no impact on treatment options should they choose not to participate. In accordance with standard practice in the conduct of ethical research, the informed consent form clearly delineated any potential risks/benefits and went through the appropriate review and approval process by both my dissertation committee.
and the University of Miami IRB. Please note that since Project GOLD extends services to some CSEC until the age of 22, a similar form was used with any participating adult young adult.

A clear and concise assent form was used to ensure voluntary and informed participation from youth, which again was reviewed and approved by both dissertation committee and the University of Miami IRB. The research plan deviated only slightly from Wang’s (1999) recommendations in that parental consent was obtained prior to the initial group meeting. This was intended to protect the rights of research participants and their parents. Assent was provided verbally and written during training sessions, but the voluntary nature of participation was reinforced throughout the research process (Chonody et al., 2012).

5. Pose an initial theme for taking pictures.

Wang (1999) explains that co-researchers and researchers should engage in a joint process of brainstorming to identify initial themes for exploration. Once a theme was identified, co-researchers brainstormed potential photographic subjects. Participants were generally instructed to photograph places, objects, events, and people related to their everyday experiences. As co-researchers struggled to identify an initial theme, the theme “Who am I?” was proposed by the researcher as an appropriate introductory theme. Co-researchers agreed on the appropriateness of this theme. Potential future themes were discussed and co-researchers were encouraged to refine, substitute, eliminate, add, or reframe any or all of these themes throughout the
remainder of the project in order to best facilitate the expression of their experiences and communities (Capous Desyllas, 2013a).

6. Distribute cameras to participants and review how to use them.

   Digital cameras were purchased through a dissertation grant from The Melissa Institute for Violence Prevention and Treatment. The specific brand was selected following extensive research on affordable cameras that take quality photographs. Co-researchers received their cameras at an initial photovoice training and were assisted in preparing the cameras for use. Facilitators minimized technical advice during the initial photography workshop to avoid inhibiting creativity. Basic advice, such as keeping their fingers out of the camera's eye, placing the sun at their backs, and avoiding putting the subject of the photo at the center of the frame, was provided. Photos were uploaded weekly to a designated research project computer on site at the agency and stored under password protection. Photos were printed at the agency so that hard copies could be used for the group process of data reduction and coding.

7. Provide time for participants to take pictures.

   Consistent with the work of Wang and Burris (1997) and the current structure of the Project GOLD Drop-In Center, the “Photography Group” met on a weekly basis. Meetings were designed to function as a space where participants could select photographs, contextualize images using storytelling, and collectively codify issues, themes, or theories (Wang, 1999). Co-researchers selected their images and met with facilitators to print them prior
to meeting for photovoice group. At the conclusion of each meeting, a
photography theme was discussed and established for following meeting.
Youth had one week to take photos and were asked to bring their images to
the subsequent meeting. We met to discuss images related to eight topics for a
total of 12 weeks, utilizing an iterative process where the number of sessions
changed based on co-researcher feedback and achievement of data saturation
(Corbin & Strauss, 2008).

8. Meet to discuss photographs

Participants met a total of 12 times to discuss photographs (See Table 1.1).
The selection of photographs, the process of contextualizing or storytelling
around images, and the codification of issues, themes, or theories occurred
during weekly group meetings. At the onset of weekly group, youth were
presented with a summary of themes derived from audiotaped and transcribed
sessions. Group consensus was achieved through the facilitation of a group
discussion. Next, co-researchers were asked to select one or two photographs
that were most significant for the present theme. These images were printed
on site. Participants then engaged in audiotaped conversations where they
framed stories about their selected images guided by Wang’s (1999) sequence
of questions intended to help co-researchers develop a critical stance. These
questions spell the acronym SHOWeD:

1. What do you See here?
2. What is really Happening here?
3. How does this relate to Our lives?
4. Why does this situation, concern, or strength exist?
5. What can we Do about it?
Discussions were semi-structured, in that prompting questions were utilized to maintain a basic framework of discussion. Co-researchers, however, were encouraged to deviate whenever they felt it was necessary to include additional information. Topics emerged organically and discussions were led primarily by co-researchers.

Finally, co-researchers codified issues, themes, or theories that arose from their photographs. Youth participated in the first stage of data reduction and coding during weekly meetings where selected photographs were sorted into categories. Youth were provided with large foam boards and thumb tacks, then asked to group images into thematic categories. Once related images were placed together on a board, participants were encouraged to title to board and establish a “sub-theme”. Sub-themes were subject to constant comparison and were frequently edited to accommodate emerging categories.

9. Plan with participants a format to share photographs and stories with policymakers and community leaders.

During group discussions, youth focused not only on what could be done to address community issues, but also on what support participants may need in order to successfully advocate for change. This information was later used to inform an action initiative, where youth co-created a public mural to raise community consciousness surrounding the issue of child sex trafficking. Additionally, youth expressed an interest in co-authoring a book related to discussion topics. This portion of the project is still in process. Finally, youth
requested that information be presented to clinicians and administrators at Kristi House in order to shape programming to best meet their needs.

Table 1.1 Data Collection and Analysis

<table>
<thead>
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<th>Date</th>
<th>Number of Co-Researchers</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/18/2016</td>
<td>2</td>
<td>Training: Photovoice</td>
</tr>
<tr>
<td>04/01/2016</td>
<td>3</td>
<td>Training: Photovoice</td>
</tr>
<tr>
<td>04/08/2016</td>
<td>4</td>
<td>Training: Photovoice/ “Who Am I?”</td>
</tr>
<tr>
<td>04/16/2016</td>
<td>4</td>
<td>Training: Photovoice/ “Who Am I?”</td>
</tr>
<tr>
<td>04/28/2016</td>
<td>6</td>
<td>“Who Am I?”</td>
</tr>
<tr>
<td>05/05/2016</td>
<td>4</td>
<td>Relationships</td>
</tr>
<tr>
<td>05/12/2016</td>
<td>6</td>
<td>Relationships</td>
</tr>
<tr>
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<td>5</td>
<td>Choice</td>
</tr>
<tr>
<td>05/26/2016</td>
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</tr>
<tr>
<td>06/02/2016</td>
<td>3</td>
<td>Goals</td>
</tr>
<tr>
<td>06/09/2016</td>
<td>5</td>
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</tr>
<tr>
<td>06/16/2016</td>
<td>4</td>
<td>Things you do for fun</td>
</tr>
<tr>
<td>06/23/2016</td>
<td>5</td>
<td>Self-Image</td>
</tr>
<tr>
<td>06/30/2016</td>
<td>8</td>
<td>“How I Got Here.”</td>
</tr>
<tr>
<td>07/08/2016</td>
<td>10</td>
<td>Collaborative Analysis</td>
</tr>
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Data Analytic Strategy

Photos, related writings, transcribed audio recordings of discussion sessions, and process notes all served as data points to be qualitatively coded as data and systematically analyzed, contributing to the field’s understanding of commercially sexually exploited youth. Additionally, I kept a research memo journal, helping me to maintain researcher reflexivity throughout the process of data collection and analysis (Corbin & Strauss, 2008). The first level of coding for photos occurred as a group process (Wang, 1999) where youth sorted their images into initial codes. Following the procedure set for the by Braun & Clarke (2006) for the use of thematic analysis in the field of psychology this
process led to the identification of themes within the photos. Through a process of constant comparison (Strauss & Corbin, 2008) youth refined these codes weekly, using an evolving list of focused codes to integrate subsequent data points. As data began to accumulate, youth began to cluster them into larger theoretical categories.

Occurring concurrently to the group coding process, I systematically coded transcribed audio recordings, process notes, and other related texts for themes and subthemes using NVivo 10 Qualitative Analysis Software (Bernard & Ryan, 2010). Data analysis procedures followed an inductive method. Using thematic analysis (Braun & Clarke, 2006) and adapting procedures from Charmaz’s (2006) version of grounded theory, I began by familiarizing myself with the text-based data. This entailed listening to audio recordings of sessions and re-reading transcripts, process notes, and related writings until I became immersed in the content. Next, I engaged in an initial process of open coding where each phrase was assigned a corresponding in-vivo code, with the intention of keeping the codes as close to the data as possible. Through a process of constant comparison, open codes identified in groups served to inform the coding process of transcripts. This initial phase was followed by focused coding, where I sifted through my initial codes and synthesized them into a cleaner and more workable dataset. The identification of lower-level concepts allowed me to stay close to the data and ground my analysis in the information supplied by co-researchers (Corbin & Strauss, 2008).

I brought these codes to the group weekly to confirm whether co-researchers felt that they were representative of their experiences (Dolwick Grieb et al., 2012). An evolving list of focused codes guided my analysis of each subsequent data point. Once a final list of focused codes had been established, I clustered them into larger theoretical
categories, or themes. At this point, the titles of themes deviated from the words of participants and reflected my holistic understanding as a researcher. Looking at the focused codes, I saw what kinds of categories could be generated to “hold” groups of related codes (Bernard & Ryan, 2010). The process of writing a memo for each category forced me to explore my thought processes (Charmaz’s, 2006). Thematic consensus was established with co-researchers prior to completion.

Trustworthiness of the findings was established through credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1986). Credibility was secured through the use of prolonged engagement and member checking. My engagement with Project GOLD exceeded one year at the onset of the project. Frequent validation of data analysis by participants served to ensure that themes were representative of their true experiences. Transferability was established through thick description of both participants’ biographies and their contexts, as well as the use of in-vivo codes and quotations. Additionally, photographs provided visual data that could contribute to transferability. Dependability was established through the triangulation of methods such as discussion group transcriptions, photographic images, and written materials. Confirmability was established through the maintenance of an audit trail including raw data, data analysis products, and a reflexive journal (Lincoln & Guba, 1986). As the instrument of data collection, I maintained reflexivity and established a researcher posture by using memos throughout the collection and analysis of data to position myself in the research (Corbin & Strauss, 2008).
Safety Considerations

As this population is particularly vulnerable to exploitation and abuse, I would like to explicitly address the issue of safety. Although photovoice has been used as a method to empower marginalized populations, emphasize individual and community strengths, contribute to community capacity building, and address a diverse set of public health and social justice concerns in the United States, it is not without risks. Wang (1999) acknowledges that there is a possibility that participants might encounter dangerous situations while completing photo assignments. As such, it is imperative that a plan be detailed to ensure the safety of participants throughout their participation in this project. As such, several safety mechanisms were put into place to further ensure safety of participants.

I was fortunate to have a dissertation committee that was invested in the project, excited about the methodology, and willing to supervise me closely. My dissertation chairs are well-established in the field of community based research and made arrangements for involvement in the project through frequent check-ins. I was also extremely fortunate to be partnering with Kristi House, an agency whose program for commercially sexually exploited girls, Project GOLD, is widely regarded as a national model in the provision of services to this population. The director of Project GOLD graciously agreed to sit on my dissertation committee. She was asked to consider joining the committee, in part, as a way of ensuring that proposed research plans were protective of the youth and grounded in the reality of the agency.

As specified previously, Kristi House obtained guardian consent for group participation, clinical services, and the use of clinical data for all minors receiving
services through project GOLD. Additionally, project specific written consent was obtained from each guardian prior to the youths’ participation in the project. In accordance with standard practice in the conduct of ethical research, the informed consent form clearly delineated any potential risks/benefits. I used a similar consent form with participating young adults and a clear assent form was used to ensure voluntary and informed participation from youth. All forms went through the appropriate review and approval process by both my dissertation committee and the University of Miami IRB.

Consistent with the work of Wang and Burris (1997), the initial meeting with participants provided information regarding the use of cameras, power, ethics, and safety. Participants were informed of potential risks in participation and tools for increasing safety were discussed. Further, facilitators were made aware of their responsibility to the co-researchers’ well-being and facilitated effective discussions intended to minimize any potential risks. The co-researchers’ “ethics” training workshop was intended to lay the groundwork for the safe and ethical use of photography. They were also made aware that if they documented illicit activity (such as the use of street drugs) this information would be reported to the program director, who is a mandated reporter. Additionally, youth were made aware that subjects’ faces could not appear in photographs. Youth were asked to keep their own faces out of their photos in order to protect their anonymity. No nudity was allowed in the photos to further protect the participants. All documentation, including written descriptions of photographs, transcriptions of audio recordings, and observation notes included the use of pseudonyms rather than participants’ real names.

A benefit to conducting this research at an agency like Kristi House, is that the youth’s direct care providers were always available. There was always at least one
therapist or social worker at the center, along with the program director. In any research involving vulnerable minors there is the potential for disclosure of exploitation, abuse, neglect, or illicit activity. In the case of a crisis or disclosure of potential harm, I notified the youth’s assigned clinician or the program director immediately. As these professionals worked closely with the youth in a setting designed to provide them with safety in situations of exploitation and abuse, they were best suited to handle such situations. Oftentimes this meant that they processed the situation with youth and made a report to DCF, when appropriate.
Chapter Four: Photovoice Results

Co-Researchers

In total, 15 survivors contributed to the project as co-researchers. All 15 of them identified as female. They ranged in age from 15 to 19. Seven co-researchers identified as “Black” or “African-American”, three as “Latina” or “Hispanic”, one as “White” and four elected not to report their race/ethnicity. Each co-researcher was asked to provide a biographical description, allowing them to represent themselves within the research using their own words. The biographical form asked co-researchers to provide their pseudonym, age, and length of time they had been receiving services at Project GOLD. Further, co-researchers were asked to provide a description of how they identify, including information related to race, gender, ethnic background, or religion. Finally, they were asked to write up a biography with an open-ended prompt. With the permission of co-researchers, I have provided their biographical descriptions without editing and have included additional details to further contextualize their contribution to the final project.

“Baby Red”

Baby Red is 16 years old. She had spent 8 months with Project GOLD at the time she completed the biographical form. She identifies as “female human; young black woman”. Her biographical description is as follows:

“I’m 16 years old. And at the age of 9 I thought I wouldn’t be nothing in life. the way my life was going I was going to be living on the street. but one day I was just tired of being tried and I got send to the bridge. And got requested to project
gold and my life turned back around. Now I want to do big thing’s cusmetologized (hair stylies) own my own business. So now I am doing bigger and better things.”

Baby Red attended 9 of 15 sessions, *including* sessions dedicated to training and data sorting. She was an active and verbal co-researcher in group, often contributing heavily to discussions surrounding family, school, self-image, social media and marijuana use. During the course of the project, Baby Red struggled with her housing situation, as she was no longer able to stay with her mother. She contributed to the design of the “advocacy initiative”.

“*Big Daddy*”

Big Daddy is 17 years old. She had spent 4.5 years with Project GOLD at the time she completed the biographical form. She identifies as “race: white; ethnicity: Latina; gender: female; orientation: Gay; religion: Catholic”. Her biographical description is as follows:

“Was good? My names Big Daddy. I’m a local artist (preferably urban). I’m about to turn 18 and my imagination comes from my consuption of the marijuanas. I’ve been at Project GOLD for a while. I was born in Miami but my parents are Cuban. I pull hella hoes and I’m hella handsome. I believe in Manners and my favorite car is a Cadillac. I work hard to grind hard to hustle hard to further my future and help my mother. All that shit stresses me out so any kind of art amuses me and soothes me!! My names Big Daddy and if you’re cute HMU on the snap!”
Big Daddy attended the first training session and was subsequently mandated to a 90 day substance abuse treatment program for marijuana use. As a result, she was unable to attend Photovoice group until the final data collection meeting. During this meeting, she initiated the only conversation that explicitly addressed the issue of sex trafficking. Further, her artistic talent inspired the conversation which led to the inception of the “advocacy initiative”. Big Daddy contributed significantly to the design of the final project.

“Carolina”

Carolina is 16 years old. At the time she completed her biography she had spent one month and 13 days with Project GOLD. She identifies as “Spanish, Puerto Rico”. Her biographical description is as follows:

“My purpose is to be a lawyer. To help others with problems that I had to deal with myself. To change this world for the better”

Of note, Carolina did not participate in any of the photovoice groups where data collection occurred. She attended the final session which was dedicated to sorting through data and constructing the original grounded theory.
“D’Amour”

D’Amour is 15 years old. She had spent 2 years with Project GOLD at the time she completed the biographical form. She identifies as “African-American, Female”. Her biographical description is as follows

“I was born in Miami, Florida. My family is from America. I never really had a father until age 9 when he was completely gone. My mother is my primary care provider. I have 4 brothers and no sisters. I am a victim of Human Trafficking, kidnap, and rape, and along with two more rapes. I had a terrible substance abuse problem and was extremely hooked on weed, cocaine, and alcohol. I’ve recently calmed my addictions and now I am just stuck on weed (I use it to cope). I hope for my future to be bright and I will eventually be out of this dark place.”

D’Amour attended more groups than any other co-researcher; of 15, she attended 11 Photovoice sessions. D’Amour accepted the responsibility of “co-trainer”, helping to enforce group safety standards and explain the group process to new co-researchers. She took this additional responsibility very seriously and it seemed to provide her with a sense of ownership over the group. It is worth noting that D’Amour experienced several significant life events during her participation in group, including her invitation to read a spoken word poem in front of a large audience and the sentencing of her abuser. As such, her mood fluctuated throughout groups and impacted her style of participation. Often, D’Amour was an active co-researcher in groups and readily contributed to discussions. She contributed to the design of the “empowerment initiative”
“Gege”

Gege is 17 years old. She did not provide information related to the amount of time she had received services at Project Gold. She did not provide information related to her identity. Her biographical description is as follows:

“I am 17 years old. I attend AMI Miami Dade. I am in the 11th grade. I started working at Go Pro Kids. I enjoy writing. When I grew up, I want to be a social worker. I am funny, smart, intelligent, beautiful, loving, and caring.”

Gege attended 8 of 15 sessions, including sessions dedicated to training and data sorting. During the project, Gege was on “runaway status” for several sessions and commuted often from a 24-hour emergency shelter that provides protection and care to homeless youth or youth in crisis. Further, she lost her job and needed to find a new position during this time. These experiences served as an impetus for her to make changes in her life, including an attempt to repair relationships with several family members. She sometimes struggled to speak during large groups, but was an extremely active and verbal co-researcher during smaller groups. She contributed to the design of the “advocacy initiative”

“Lily”

Lily is 16 years old. She did not specify the amount of time spent at Project GOLD. She identifies as “Creation of light very intensely light”. In groups, she described her racial identity as “White”. Her biographical description is as follows:
“Started from the roads and ridges of the bottom and beggining. Became who I am today started a new life with the new becomings that have began. The endings that will merge me into the person I am and finishings to be. Entrapped was Just the begging to the freedom of all souls and endings.”

Lily appeared ambivalent regarding her participation in group. Although she participated in 6 of 15 groups, she would often refuse to speak, leave group abruptly, or ask how much time was left. She was frequently reminded that participation was voluntary, but continued to attend despite her expressed disinterest. Of note, she explained that she had a “bad experience” being audio-recorded and that this aspect of the project made her uncomfortable. When Lily did choose to participate, she made positive contributions to the group, offered support to her peers, and provided rich information. Lily also became pregnant during the course of the project and announced this pregnancy to the other co-researchers during on the group sessions.

“Mali”

Mali is 16 years old. She did not provide information related to the amount of time she has received services at Project Gold. She identifies as a “Black female and a Chirastian”. Her biographical description is as follows:

“My name is [redacted]. I am 16 turning on 17 on november 26. But i am a calm person stay to my self But have a Bad temper I do not Like to be disrespected But I love cosmetology want to do everything in its field from head to toe But i down
to earth a good person good friend good listener But Really like to be to my self it
better and it less stress and trouble I don’t Really associate with people antisocial
but i love to be occupied not bored i like to be entertained at all timed i get bored
fast but other than that i am an awesome person”

Of note, Mali only attended 1 of 15 Photovoice groups. She was not present for data
sorting or the design of the “advocacy initiative”.

“Nanu”

Nanu is 18 years old. She did not provide information related to the amount of
time she had received services at Project Gold. She did not provide information related to
her identity. Her biographical description is as follows:

“I can do all things through Christ who strengthens me. I’m awesome. Peace,
Love, & happiness. I’m very intellectual. I’m from new York. I have so much to
say so just speak to me □”

Nanu was anxious about her biography and spent several sessions agonizing over
what to say about herself. During the Photovoice project, she was hired as part-time staff
at Project GOLD to serve as a “Survivor Leader”. She struggled to adjust to her new role
within the program, often leaving the group to socialize with other staff members. She
also transitioned through several different living arrangements, which served as a
significant source of stress. She lost her camera during these moves, but provided photos
off of her phone or social media to be used for groups. Of note, Nanu was an extremely
verbal and active co-researcher when she attended group. She attended 8 of 15 sessions, including sessions dedicated to training and data sorting. Nanu requested to be involved in the process of producing a publication based on the results of this project.

“Nugget”

Nugget is 17 years old. She did not provide information related to the amount of time she had received services at Project Gold. She identifies as a “Black women”. Her biographical description is as follows:

“I want to finish school to Make My Baby happy and I am from the city and I like to dance. My Past was very Bad and I understand what I did was wrong But I could not Do anything about it then I got pregnant and My mom was mad cause I did not tell her. Now My motherhood is good I do what I have to do for my child and that’s good thing for me and I am happy about it My mom loves her also and she always Bye her some stuff for her gbaby and I love it cause its some mothers out here that can’t do for they kids But I can I am not that type of mom that will do things like that and I love her with all my heart in she loves her my to thats a good thing.”

Nugget regularly brought her toddler to group, who was given the pseudonym “Apple”. She often struggled to balance her participation in group and her attention to Apple, occasionally having to step out and attend to her child. Twice, Apple spent the hour with a Project GOLD staff member in order for Nugget to be able to participate
without distraction. Nugget’s investment in her daughter’s well-being was evident, and she often described her as a motivating force. During the course of the project, Nugget missed several sessions due a complicated moving process. She attended 7 of 15 photovoice sessions. She contributed to the design of the “advocacy initiative”.

“Peaches”

Peaches is 18 years old. She did not provide information related to the amount of time she had received services at Project Gold. She did not provide information related to her identity. Her biographical description is as follows:

“My name is [redacted]. I was born on July 27th 1998. I am a White Hispanic female. I am a mother of a beautiful baby boy. My son is 4 months old and His name is [redacted]. I Live with My mother, my younger sister, as well as my two younger brothers and son. I am a very loving, kind, caring, and generous person. Unless given a reason not to be. I Like to make an example of myself. Following other people is not very fun or helpful to me in anyway. I’d rather lead my loved ones into success. I hope for the best even at Our darkest hours. God is the key to happiness and success. I may not go to Church alot but I do pray every chance I get. And I believe everything can be solved through your effort as well as Christ”

Peaches’ spent the majority of the project on “runaway status”, meaning that she left her foster home without permission and did not return for an extended period of time. As such, she was unable to attend many of the Photovoice groups. When she did attend,
she was an active co-researcher and shared her experiences openly. Of note, Peaches gave birth to a healthy child a few weeks prior to the beginning of groups. She attended three of 15 sessions, including sessions dedicated to training and data sorting.

“Pennie”

Pennie is 16 years old. She had spent 4 months with Project GOLD at the time she completed the biographical form. She identifies as “African American, Mixed Majorily Bahamian, Female, Bisexual, Christian”. Her biographical description is as follows:

“I’m outgoing and completely enjoy life. My life has not been the easiest but it definitely isn’t the worst. I’ve been through alot but that’s okay. That’s what makes me a survivor, a conquer; I am an overcomer.”

Pennie did not participate in any of the Photovoice groups where data collection occurred. She attended the final session which was dedicated to sorting through data and composing an initial model of understanding. During this group, co-researchers were provided with the opportunity to provide additional written data. She was the only co-researcher who chose to contribute written information, which included an index card that read:

“When we go through the circumstances we’re been through we mature at an extreme rate and mature mentally beyond our physical age. When they try to help us they treat us according to our physical age ignoring the lifetime we have experienced. This is a problem. You see a 16 year old. I see a close to 30 year old.
Treat me as so. Don’t ignore my maturity. The same way you all refuse to let me ignore my experience”

Pennie requested to be involved in the process of producing a publication based on the results of this project. She also contributed substantially to the design of the final “advocacy initiative”.

“Poppy”

Poppy is 15 years old. She did not specify the amount of time she spent at Project GOLD. She identifies as “Black African American/Haitian”. Her biographical description is as follows:

“I love going out with my friends buying clothes J ust living life being drama free and doing me I love having fun I'm from overtown I love girls I'm a lesbian and I love my phone”

Poppy attended two of 15 photovoice sessions. She was typically quiet in group and did not elect to share personal information with the group.

“Savage”

Savage did not complete her biographical form. As such, she did not provide information regarding her age, length of time receiving services at Project GOLD, or identity. In groups, Savage disclosed that she was 19 years old. She also described herself
as a “woman of God” and a “Christian”. Savage frequently talked about her identity as a mother. As the “oldest” group member, she often set the tone for groups where she attended. It appeared as though many of the younger co-researchers looked up to Savage and attempted to emulate her behavior. Savage attended two of 15 groups. Both times, she was extremely verbal for the initial portion of the group, then left early.

“Ty”

Ty is 19 years old. She did not specify the amount of time she has received services through Project GOLD. She identifies as “Black = other”. Her biographical description is as follows

“my name is Ty Im 19 I have a child I Love kids and art I draw every now and then I go to school for my GED and I going to start go from my narsing. I’m from Miami I’ve had a hard Life growing up but Mad it through a lot of bullshit”

Ty attended four of 15 sessions, including sessions dedicated to training. Shortly after attending the training, she was placed in a different city. As such, her case with Project GOLD was closed and it was assumed she would not participate in the Photovoice project. When this housing agreement was terminated prematurely, Ty returned to the area and re-initiated services through Project GOLD. As such, she joined the Photovoice groups at the ninth week and subsequently attended consistently. She contributed to the design of the “advocacy initiative”.
“Wolfy”

Wolf is 16 years old. She did not specify the amount of time spent at Project GOLD. She did not provide information related to her identity, but described herself as “Hispanic” during a group. Her biographical description is as follows:

“I’m currently 7 month pregnant. I have a nice and kind and patient personality. my favorite color is Black and nude and olive Green and pastel pink. I love with my Dad ad my Aunt. my parents are from Nicaragua and Salvador. I was Born in the united states of America. I love being Artistic and crafty. I’m 5’4 Tall. my favorite food is shrimp and favorite flavor ice cream vinella. I love unexpected adventures. I’m into makeup and nails and dress up.”

Although Wolfy was present at the center for four of 15 groups, she only attended three due to pregnancy-related complications. Wolfy was also involved in a complicated relationship with the father of her child and spent a portion of the project on “runaway status”. When Wolfy was present for groups, she was an active contributor and often provided alternative viewpoints to her peers.

Photovoice Analysis

The first level of data analysis occurred during weekly photovoice groups. At the conclusion of each group, co-researchers were asked to codify the issues, themes, or theories that arose from their images into “subthemes”. These “subthemes” directly corresponded to the content of the photographic images, and were later integrated into a larger grounded theory analysis through a process of constant comparison (Strauss &
Corbin, 2008). Images consisted of photographs captured by co-researchers, shared by co-researchers via their social media accounts, or found on Google images. Each image was used as a prompt for discussion and subsequently sorted into eight subthemes including: “Family”, “Fear of Escape, but the Need to”, “Goals”, “Hidden/Punishment”, “Labels/Perception/Self”, “Obstacles or Problems”, and “Relaxation”.

“Family”

This subtheme was primarily concerned with the relationships between co-researchers and their biological family members. These relationships were often described as complex and polarized. Relationships to parents were marked by ambivalence, loss, and conflict. In contrast, relationships to siblings were often described as supportive and nurturing.

The image below, produced by Baby Red, was used to demonstrate the strength of her relationship to her younger sister, who she described as her “motivation”. Baby Red felt that her contact with her sister was intentionally limited by her mother, resulting in feelings of frustration and sadness:

I be stressing a lot, because my little sister, I don't see my little sister anymore and everybody know my little sister my motivation…Right. She my motivation, and I don't be seeing her. So when I do, it's like, she excites me, she gets happy to see me. She be like, no, no, no. Like call me Mommy, like, I raised all them kids. But it's like, I got her name in my fist tattoo, that's where I got her name. I keep her name on my right hand, my right shoulder – I put it on my right shoulder because she gonna always be by my side, on my right side. It don't matter.
Several co-researchers provided images of happy times with family members, only to discuss how these images did not represent the norm. For example, regarding the image below, Ty explained:

…me and my mom took this picture because she was being a crab. She was like she ain’t got no pictures of us together. So she kicked my son out of the picture. I felt some type of way, but I took the picture because of the fact that she wouldn’t leave me alone. She kept harassing me. So it was like just a one-time thing. After this, I divorce you again.
Survivors in the underground commercial sex industry often felt unable to escape their situation either due to financial necessity or fear of repercussion. The image below was submitted by Big Daddy, who found it using Google Images. She explained that she sketched a similar image in her own sketch book, but forgot to bring it to group. The following conversation occurred between Big Daddy and Lily when the image below was presented:

**Big Daddy:** Well that's like when I was a female, I was in sex trafficking and when that happened, you know, I wasn't chained up or anything but it's the moral of the story that kind of...

**Lily:** You trapped.

**Big Daddy:** You see how she's bleeding and stuff, I had a lot of like pain and it was terrible.

In particular, the chains were explored as a metaphor for the psychological manipulation and physical violence that survivors might endure during their experience of exploitation:
Lily: But when I see chains, to me, it’s physical. It could be mental just as much as physical.

Big Daddy: I mean when I see chains I don't assume any physicality. I assume a person who has been through the thing. I don't assume any physicality.

Image 4.3: Fear of Escape, but the Need to “Goals”

This subtheme was related to co-researchers’ hopes and dreams for the future. These goals often centered around completing degrees, obtaining fulfilling employment, becoming financially independent, experiencing happy relationships, and raising healthy children. Generally, co-researchers were hopeful that their goals could be obtained, but acknowledged that they would require hard work. Co-researchers expressed confidence in their abilities to overcome life’s obstacles and thrive. Often they found meaning in
adverse experience, reframing them as opportunities for growth and renewed motivation. For example, Nanu submitted the image below and provided the following rationale:

I just believe everything that happened in my life I'm kind of like glad that I went through most of the situations that I went through because if I didn't go through the situations like who knows where I would've been? I probably wouldn't have learned so quickly and matured at the age I did and probably would've been wild and clubbing at 18, but, 17, still doing crazy stuff. But thank God I wasn't. So I just believe that it was destined for me to be here at Kristi House Project Gold and my picture just says, ‘I'm destined for greatness. I will arise out of this and into something greater.’ So there you go. That's my picture, short and simple.”

**Image 4.4: Goals**

Difficult past experiences were often framed as motivation to pursue future life goals. The image below was submitted by Ty, who expressed a desire to escape the violence of her current social environment through the use of education, in order to provide a safe environment for children within the foster care system. On several occasions, Ty described her experiences in the dependency system as abusive. As such,
her expressed desire to serve as a foster parent exemplifies her drive to overcome negative childhood experiences and contribute to her community:

The only reason why I chose this one is that it said once upon a time I took a look inside of a book and discovered a world beyond the city. It's because of the fact of when I was looking at it and kept reading it over and over again and it's like you nearly see two eyeballs looking inside of a book right now. So I know whoever drew it or whatever, it's like they took a look inside of a book and it changed their whole entire perspective. It's really trying to get out of the city because how much violence happening in the city right now, how much killing and everything. That's what's really pushing me to open up a foster home when I get a little forward like seven more years down the line when I do have enough money to open it and finance inside of it and build a foundation off of it.

**Image 4.5: Goals**

Personal responsibility was framed as an important factor in goal pursuit. Survivors explained that choices are made through free will. The quality of one’s choices
is what leads them to succeed or fail. D’Amour used the image below to explain that the person in the
was a metaphor for free choice:

**D’Amour:** The way I see it is when you're painting, a painting has different colors. You have to make a choice on what colors you want, what color paint you want to paint the picture. And if you try to flip it with life, you pick either if you want the red paint, the black paint, the purple paint, the gray paint. Those are your choices. So that's how I see it.

**Lauren:** Okay, so it's kind of like in life you have to make different choices, and you get to paint the picture of your life depending on which choices you make.

**D’Amour:** And pick your own color. Yes, exactly.

**Image 4.6: Goals**

Within the subtheme of “Goals”, co-researchers focused on the joy that came with sharing their accomplishments with their loved ones. For example, Savage shared an image of herself at her GED graduation. She explained that it “meant everything” to have her grandparents and mother at her graduation ceremony:
**Savage:** My grandparents was there… yeah, pretty much that’s it.

**Lauren:** So what did it mean to you to have them there at graduation?

**Savage:** It meant everything, everything…because my GED meant everything and they wanted me to have it. So it meant a lot for them to be there, to see me…my mama really, because she really wanted to see me, you know, graduate, honestly. You know, out of all people wanted to see me graduate, walk on stage and everything, and she’s the loudest one in there. So it meant a lot.

**Image 4.7: Goals**
“Hidden/Punishment”

This subtheme broadly references how survivors learned to hide potentially dangerous behaviors from adults in order to avoid being subject to punitive or disciplinary action. Many of these experiences, including drug and alcohol use and risky sexual behaviors, occurred during “runaway” periods. “Runaway” refers to extended segments of time when youth left their permanent homes and discontinued communication with their guardians. During these times, youth described living “in the streets” and implementing survival strategies. Wolfy provided a picture of a street in order to illustrate this point:

So like, the reason why I came here was because my dad, you know he thought that I was like doing bad things out in the streets and like I wouldn't go home for like days and stuff so yeah, he just thought that I needed help. That's what brought me here.
Survivors expressed the sentiment that they were always subject to punishment from adults, whether they misbehaved or not. These punishments were often physical in nature, including “beatings” and “whoopings”. They described getting “in trouble” often and across multiple contexts including school and home. In reference to the picture below, the group discussed how the boy depicted appeared to be hiding in a corner. This led to a discussion surrounding the topics of fear and punishment:

**Nugget:** It relates to my life because I'm always in trouble – 'cause I'm always in trouble, so – yeah, I'm just always in trouble.

**Wolfy:** My mom actually used to put me against the wall when I would be bad, so it kind of relates to me, in a way.
**Baby Red:** Yeah, my mom used to beat me into a corner.

**Wolfy:** Well, yeah, it kind of relates the same way, because I used to get beat in the corner, you know?

**Image 4.9: Hidden/Punishment**

“**Labels/Perception/Self**”

This subtheme focused on the difference between survivors’ perceptions of themselves and the way they felt others perceived them. In particular, co-researchers felt that they were often labeled and stigmatized based on their physical appearances, life experiences, past behaviors, or mental health diagnoses. As a result, they expressed feeling misunderstood by and/or isolated from peers, teachers, family members, and service providers. In the picture below, Baby Red explains that people often make assumptions about her based on her physical appearance:
Everybody know that I'm overweight so you know I get judged a lot. So people will be like, ‘Oh, you're overweight so that makes you ugly.’ People be like, ‘Oh, you fat so you this. Oh, you're fat so you're doing this. Oh, you can't wear this. You can't have that.’ I get judged a lot; just because I'm fat, I get judged. And I feel like the inside, it don't matter how I look on the outside because on the inside I feel like I'm a beautiful person.

Further, Baby Red explains that the consequence of feeling misunderstood is that she often feels isolated and alone:

…the reason why I have a selfie is because it's just me; I mean it's myself. I mean I have people there as a support system but can't nobody help – yeah, understand or help me the way I need to be helped. So it's like on certain things when I'm by myself you could tell me, you could talk and I could listen to you all day long but you'll never, ever, ever understand what – you could never put – your feet will never fit – yeah, your shoes will never fit my feet.
Responding to the image below, Savage explained that people often assumed that her relationship with her boyfriend was perfect because they looked happy. In reality, however, she shared that her relationship was characterized by “ups and downs”:

They honestly think that, oh this is relationship goals and blah blah blah. But really we go through the same things. You know, we look happy right here but we still go through our problems, we still go through you feel me our ups and downs, we still got to progress as a couple. So yea, you might look at the picture and think its just blah blah blah, but you don't really know what's going on behind it, so you are judging. You know what I'm saying? But me personally, I feel like everybody judge everyday without knowing it. But when you are judging
someone directly like, you have no right as a human being or as a person to do that because you gonna end up you never know in 10-5 years you might do the same thing she did or you might already done it. So how you gonna judge this person? You can't judge nobody only God can judge you, you know what I'm saying?

**Image 4.11: Labels/Perception/Self**

Elaborating on the image below, Nanu explained that much of her skin, particularly on her face and scalp, was burned in a car accident. In addition, she was disabled by the accident due to the loss of one arm. As a result, she expressed feeling that people often underestimated her ability to complete simple tasks. For example, the following quote refers to her experience while living in a center for survivors of sex trafficking:

She was like, ‘Can [I] help [you] with the bra?’ Then she goes, ‘Oh, I'm sorry.’ Then she leaves. Then I'm like, ‘How do I put on my own bras? How do I put my own bras on? You act like I go around titties all flapping. No. Hello? You act like
I can't do nothing.’ So I'll be having to prove myself. But I stopped all that proving stuff 'cause it's annoying. Say what you want. Stay simpleminded. Leave me alone.

In reference to her image below, Nanu also spoke about maintaining her self-confidence in the face of feeling underestimated, misunderstood, and judged:

But you can't let that stop you. You have to stay true to yourself. If you lose who you are, then what people say, you start to believe. So you can't lose who you are in the midst of it. Like, I don't care what you say, I'm still beautiful. You can say what you want. What about you? What you got to say about yourself?

**Image 4.12: Labels/Perception/Self**
“Obstacles or Problems”

This subtheme is focused on obstacles and problems that survivors experience as they move toward recovery. These obstacles include both internal and external factors, such as personal insecurities, interpersonal conflicts, or systemic inequity. In reference to the image below, D’Amour explained that she captured the image of this mural to symbolize her drive to systematically address each of the problems she faced in life:

Okay, okay… this my guardian angel, and this me, and these are all my like little problems in life. Like my insecurities and whatever and I’m killing them because I’ve turned them everything into, like now it’s a positive, so its like I use these as like my problems and I use the guns and stuff to kill my problems.

This led to an interesting discussion about the origin of the problems, when Gege offered an alternative interpretation of the image, explaining that the zombies might represent a disenfranchised group trying to regain power over the oppressors:

Because he have all the power, like he can control like what they do and they probably tired of that. So they probably just comin after him to get him…That man or that man right there he’s trying to control the zombie people, like their world, like where they stay at and stuff. Maybe they were trying to take the power over all the zombies.
In the following image, D’Amour explained that she identified with the woman in the mural. In this case, the problem or obstacle refers to people who capitalized on co-researchers’ innocence and vulnerability for their own self-interest. For D’Amour, the male figure was representative of her partner, who she felt took advantage of her desire for love:

I took that picture because I could really relate to that from my current relationship because he’s a fucking asshole, he’s a boogyman. And I’m that woman. I literally cry and I cry and I ask myself why, why should I sit here but now it’s not even to the point of how it used to be anymore...I was so vulnerable. I was looking for acceptance and for someone to love me for who I was and my past but when I thought I met that one person who was grooming me then we’ll have our times when we would explode then we go back to grooming.
"Relaxation"

The relaxation subtheme refers to the way that survivors respond to life stressors. Co-researchers reported that they had both “positive” and “negative” ways of coping. One common outlet for coping involved artistic expression through writing, drawing, or taking photographs. Gege used the image below to explain that taking pictures helps her to relax and express herself: “The reason why I wrote the thing, what I like to do for fun, I like to take pictures, because I like to do different poses.”
Gege also provided a picture of the bay, describing the location as her “happy place”. Co-researchers explained that in their daily lives they often felt that unsafe and stressed. In response, many of them had identified a place where they could feel safe, calm, and at peace. Baby Red explained the importance of identifying such a space:

Yea, you just going to explode like you ain't going to be able to like calm yourself and you not gonna be able to relax and stuff, like... if you don't find your happy space, you'll never be happy. That’s what happens.
Similarly, Nugget identified a flower outside of her house that served as her “happy place”. She described the flower as a symbol of peace and calm when she felt depressed:

But anyways, it relates to me because it makes me calm, like when I’m depressed and stuff I just go outside and sit on the porch and look at this very little pink flower. I mean… it just. It is.
Empowerment Initiative

Consistent with the aims of photovoice methodology and CBPR, the final portion of this project involved meeting with co-researchers to design an advocacy initiative inspired by transformative conversations that occurred during group meetings. Noting that many of the participants had photographed local murals, the idea developed that youth might collaborate with a local artist to create their own mural. The goal of this initiative was to raise consciousness surrounding the issue of child sex trafficking in the local community, to create an opportunity for local survivors to publically share their stories on their own terms, and to provide youth with an opportunity for artistic expression. In particular, it was important to co-researchers that the message of the piece remained hopeful and positive, shifting the public narrative surrounding child sex trafficking from one that is focused on victimhood to one focused on survivorhood. Survivors expressed a desire to install this mural in the Wynwood area, a section of town
known for several large-scale public murals, where it was likely to experience foot traffic.

Jenny Perez, a popular local muralist, expressed an interest in collaborating with youth. Her work typically depicts relevant themes such as womanhood, female empowerment, and hope. After touring the Drop-In Center and meeting youth, Jenny agreed to participate in the advocacy initiative. She met the primary researcher and survivors at multiple time points, composing several drafts of the image and incorporating feedback from participants, many of whom are talented artists themselves. The youth responded well to Jenny, who provided a source of mentorship and empowerment, helping to cultivate their diverse ideas and incorporate them into a single, powerful image. The image is of a woman’s face with multiple colors displayed in her hair, intending to symbolize the experience and identity of each individual contributor.

Co-researchers met with Jenny twice in order to complete the painting process. This process took place at popular local outdoor venue in the Wynwood area. All youth and staff members were provided with meals from local food trucks and bottles of cold water. Co-researchers selected music to be played throughout their creative process. During the initial painting session, Jenny outlined the collaborative design using a can of black spray paint. Youth were encouraged to add colors, images, and words to the design. Jenny then spent a week refining the initial image, integrating youths’ diverse ideas. The youth met with Jenny a second time to add additional images and words to the piece. Jenny spent two days putting finishing touches on the image in order to ensure a cohesive design. Co-researchers, Drop-In Center staff, and researchers attended a private unveiling
of the final mural where they shared food, listened to music, and celebrated youths’ accomplishments. The mural remains displayed in the Wynwood area of Miami, Florida.

**Image 4.18-20: Empowerment Initiative**
Chapter Five: Grounded Theory Results

Grounded Theory Analysis

Subthemes identified by co-researchers in group were incorporated into a larger grounded theory analysis, conducted by the primary researcher and informed by weekly member checks and frequent peer review. This larger analysis included image subthemes, as well as coded data obtained from recorded critical discussions. While many photovoice subthemes were elevated to “themes”, some were incorporated under larger thematic umbrellas. The names of “categories” remained in vivo to closely reflect the experiences of co-researchers, while themes were more reflective of the researcher’s holistic understanding. In total, seven themes emerged, six of which were incorporated into a substantive theory explaining the experiences of survivors of childhood commercial sexual exploitation. The seventh theme was focused on describing social dynamics and processes of photovoice groups over the course of the project.

Theme 1: Risk Factors

The theme “Risk Factors” refers to early life circumstances that appear to increase the likelihood that subsequent experiences may leave youth susceptible to exploitation. Risk factors include unstable family systems, involvement with the dependency system, unsafe school environments, and early experiences of loss, violence, or trauma. It appears that these formative experiences may precede risky behaviors, which, in turn, leave youth vulnerable to negative outcomes.

Category 1: “Family will be the first ones to stab you in the back”

This category is reflective of the negative components of the elevated subtheme “family”, as identified by co-researchers. While sibling relationships existed as an
exception to the rule, co-researchers described contentious and unstable family contexts, often characterized by childhood abuse and neglect. In addition to feeling unsupported by family members, co-researchers reported feeling targeted by relatives who were intentionally malicious. Co-researchers expressed a desire to remove themselves from their family in order to avoid negativity:

**Gege:** I'm starting to feel like I don't need to be around negativity and I told my mom this today. I called my fam, my grandma. I called all of them on the phone today and I had them on speaker and my words today was if y'all gonna be negative with the words that come out your mouth, then I need to remove myself, because the negative is not gonna get me nowhere. It's gonna make me depressed. It is gonna make me feel down.

**D'Amour:** …I don't like going home, to be honest.

In particular, co-researchers were troubled by their relationships with their biological mothers. These maternal relationships reflected a large degree of ambivalence and angst. As a result, co-researchers expressed a desire to separate themselves from their mothers:

**Ty:** But yeah, she be on the foolishness sometimes. So I try to deal with her but this week and last week, I’m just like avoiding her because she did some real sour crap recently. So I’m like divorcing her for like the next couple of weeks.
Lily: When you say divorcing her…

D’Amour: You can divorce your parents in court. No, you really can though…

Ty: So me and her are divorced right now.

D’Amour: Not legally though.

Lily: So how do I do that? I wanna do that? [Laughter.] How do I do that?

D’Amour: You gonna be an orphan, child. You sure?

Lily: For real.

Baby Red: But right now I feel I'm at my breaking point with my mama. I feel like I'm done, like, I feel like I don't need her no more. I feel like I'm good off her, like, I'm doing this own my own, taking care of myself.”

This sentiment arose in response to the perception that they had been rejected by their mothers or denied affection and nurturance. They described their mothers as falling short of their maternal responsibilities. As a result, their childhood contexts were characterized by maternal absence:

Ty: So I told her before, like “Remember what you used to tell me, actions speak louder than words, blood is thicker than water? That's a lie. I'd rather say water's thicker than blood because the fact is I've seen so much water in this world that done shown me more love and respect than you ever have and I'm your first child telling you this.”
**Baby Red:** My mama don't do shit for her kids. My mama in the club every weekend, every day. My mama don't do shit for us...That woman trying to make me suffer...

**D'Amour:** My mama missed my graduation...I was crying because I seen everyone else’s parents and I was so jealous because I’m like every moment that I have in life, like okay, you watch the movie Inside Out and you see how the little girl had the core memories. Every core memory that I have, my mother is in none of those memories.

**Ty:** I was giving birth to my son, my mom walked in for a second, and she got mad because...I didn’t wanna do what she wanted to do. So she walked out, went downstairs and left the hospital, while I was in labor from Monday night all the way to Tuesday night....And I was like so pissed off about it, like this is your first grandchild and you just go walk out, really?

Despite their expressed anger and hurt, some co-researchers acknowledged that they still felt the desire to improve their relationships to their mothers:

**Gege:** I'm like told mom today like, "I need you. Like I'm reaching out for you. So it's like whatever you're doing with your relationship you need to put that aside, because he's going to be there, he's going to be there and if he chose not, he chose not, but I'm always going to be here regardless of if you put me at the
Bridge or if you put me here I'm still going to be here., like I'm your child.”

\textbf{D'Amour:} \ldots I'm happy the way that me and my mom relationship is now, because at first it was just, everything that happened to me, I blamed her. And now we communicate. We talk. And that's just something I always wanted. Because you know how a mother and their daughter are supposed to have that relationship.

\textbf{Gege:} I seen my mama today even though you know I seen today I just broke down, because I'm like within myself yeah I've done wrong, you done wrong, but where are we now? Like I feel like I'm the one that has to stop the gene, to stop the cycle because her and her mom didn't get along and now me and her are not getting along and I feel like it stops with me, it ends with me. So I have to like start somewhere and it starts by me taking my medication because I don't take it at all.

Co-researchers also acknowledged that their own negative behaviors may have placed a strain on their relationships to their mothers:

\textbf{Gege:} That at that time I was acting up even more. You know and it's like when I was growing up I was reaching out for love, reaching out for love because my mom she would show her love to her boyfriend instead of to me. So I would go out and look for love through boy and things. I always thought she was wrong and
I was right. So I started to do my own little thing going this way instead of her way. So now I'm seeing my way is not working, maybe let me try my mama way and see where it get me, you see what I'm saying?

Regarding their relationships to their fathers, co-researchers overwhelmingly described distant paternal figures, who, at times, were entirely absent:

**Baby Red:** But I don't get beatings no more cause my dad don’t deal with me

Co-researchers often held their mothers accountable for their severed relationships to their fathers. They viewed their mothers’ choices as justification for lack of paternal involvement:

**Ty:** I can understand that, because like first my dad left because of the fact there's like my mom refused to get off the crack, she refused to come home. So he don't know how to raise a baby by his self. So then I ended-up going to the state…

**Gege:** That's the same thing with my dad. Not to interrupt you, but I'm 17 and it took my mom so long to open up to me to tell me who my dad is. So it's like the man that was in my life for so long I put him through so much and to find out that this man you know that I barely even know is my dad…He's still willing to be in my life, but it's like at the time you know I hated my mom for so long because you held a secret from me you know?
Co-researchers reported that their grandparents, and usually their grandmothers, served as surrogate parents, often providing support and nurturance.

*Savage:* That’s the trust that I got for my old grandma…but my grandma is the only one I trust, more than my boyfriend, to be honest

Regardless of their primary caregiver, co-researchers overwhelmingly described physical, and often violent, forms of discipline that were employed throughout their upbringing. While some co-researchers perceived these approaches to be harmful, others described them as culturally sanctioned forms of discipline.

*Nanu:* Some kids don't learn, 'cause I was, like, a child who, like, I got beat, and I came out bad, because of the fact that I got beat, like, once. Like, I was punished, like my parents like I would have to kneel on el rinconcito, like, in the wall, like, HDMI cables, like, you're getting your ass whooped, but…

*Wolfy:* That also is, it depends, 'cause Hispanic parents are like that, and, you know, and white people, I'm not trying to be racist, but white families are not exactly the same. They don't really believe in, like, violence, and…

*Baby Red:* Of beating their child…

*Wolfy:* Yeah, and beating, 'cause they believe that pain is just temporary, and the lesson is forever, so…

*Nanu:* I believe, like, I needed more than an ass whooping…
In some cases, youth reported using physical violence against family members either to defend themselves from physical harm or gain a sense of control in a chaotic home situation:

**D'Amour:** The first time she hit me off guard. The second time I hit her. The third time she whooped the shit out of me. She made sure she left a mark on me.

**Big Daddy:** The first time I hit my mom she said “stop!”

**D'Amour:** When I went to the hospital they gave me a Tylenol.

**Big Daddy:** She said [Spanish-sounding gibberish]. I said “speak English”. She said [Spanish-sounding gibberish]. Hittin my mother. She had a Justin Beiber hairstyle. She out here like this and my sister’s like “Mami! Mami! Stop! You’re gonna kill her!”

**D'Amour:** My grandma hit me with a liquor bottle.

Generally, the use of physical discipline was largely viewed as destructive to the parent and child relationship. Further, co-researchers felt that physical discipline was not effective in redirecting negative behavior, but rather served to increase it:

**Nugget:** I mean, like, if you're gonna discipline your kid, make sure that what you're doing, like, there's gonna be a positive outcome. For example, me, whenever my parents would beat me, I wouldn't learn from that. 'Cause I used to like escape from my window, and I would always get caught, but I would still do it, 'cause I didn't care. And I didn't think the ass whooping was gonna teach me
anything. But until, like, they locked me, and they locked my window, that's how I learned. And I didn't have any friends, and I didn't have a phone, so that's how I learned – once they took things to me that were special to me, that's how I learned. But I don't think, like, you know, hitting a kid is gonna make anything better, 'cause I feel like that's just gonna bring hate to you.

**Nanu:** Yeah, I agree. Like when I was a kid, like, my father, like, beat the hell out of me, and it brought hate to the point where I wanted to kill him. We couldn't even talk to each other or see each other, 'cause I was gonna take the next flight to New York and whoop him and his baby mama's ass.

**D’Amour:** No, but some people are actually brought up good, but then they treat their kids, like, they ain’t they kids...

**Nugget:** No, people do some nasty stuff… to their kids. Trust me, they do…nasty, slimy stuff to their kids, and wonder why their kids don’t act good…It's not good for kids. I don't like to see kids that get beatings, 'cause, you know, when I was young, and I stayed…I stayed getting whooped, and doing all types of crazy stuff. But as I was getting older, I felt like it was okay for me to do this and that with boys, and it was just a lot of stuff.

Some co-researchers expressed compassion for their parents, who may have been beaten as children and, as a result, learned to beat their children.

**Nanu:** People normally know what they're taught, and if they're not shown
different, then they're gonna keep doing what they know…if I was around my family 24/7, I would know what they do, and how they did it, and that's what would get passed down to me. Like, you pick up what you see. And that's anybody, that's, like, growing up as a baby you know how kids are like sponges, and if you're not taught a different way. Like, I don't know, the way my mindset works is, like, if one thing doesn't work, you have to try another and you keep going until something works. But then, some people, it's much easier, 'cause I've probably done it, when I've gotten so fed up, you just give up. It's much easier for somebody to give up than to keep trying, like, a different way of doing things with their kids.

**Wolfy:** Cause my dad would always tell me, “Oh, like, if I were to hit you how my dad would hit you, you would hate me.”

**Nanu:** Yeah, parents always say that.

**Wolfy:** Yeah, and then, I'm just, like, “Okay, well, I'm glad you don't hit me like that”, you know? Like, he's never really been that type of person, 'cause he doesn't like it, 'cause when he was a kid, like, he'll get ass whoopings. He still has the scars, and that's scary, like, I shake when I think about it. And, you know, he's just, like, “Okay, I don't think that's the way to raise a kid.” And he already tried it with me, it's not gonna work, so…

**Baby Red:** My dad got hella beatings, and he beat us. He got beat with water hoses, and everything, and he beat us with his bare hands. And he beat us, so…

**Wolfy:** But if the parents are like that, the kid is gonna eventually be like that…
The impact of drug use on the family unit was also discussed. Drug use was viewed as a factor that impaired parental ability to provide a safe context for their child. This problem was viewed as intergenerational:

*Ty:* …’You left your second child in the hospital while she was only five days old. You left your first child, you left your first child and stuck a toothbrush in her vagina and thought it was okay. You'd rather go suck dick and do crack and leave your child in the hospital by herself while she's only two-and-a-half years old. Your third child has eczema so bad to the point that when the sun in the summer and she can barely be outside. You did crack with both of your second children. Now you're just about to have a fourth child, well fifth and sixth child.’ She lost twins because they came out through her period. Then she carried a baby for almost nine months and God took the baby away and said, ‘You didn't deserve it.’ God took the baby while it was in your stomach for a reason.

*Gege:* That's what my mom told me today. My mom didn't have that type of love, but when she had me, I showed her a lot. I showed her

*Ty:* So she didn't know how to handle it.

*Gege:* She didn't know how to handle it because my grandma was doing drugs…

*Ty:* Right. My grandma and my mama did drugs together.

*Gege:* Which means my great grandmother took over my mom and my mom done, her sisters and brother, they went to the DCO but my grandma fought for
them. So my grandma took care of them while my other grandma was still doing drugs.

*Ty:* Your great grandma took care of them and your grandma was doing drugs?

*Gege:* Yeah. So it was like a lot…

In sum, the family context was experienced as chaotic and unsafe, often characterized by physical violence and perceived abandonment or neglect. Co-researchers largely expressed resentment towards their maternal figures, who they viewed as having neglected their parental responsibilities. Paternal relationships were characterized by a sense of disconnection. Drug use and intergenerational violence were described as factors that exacerbated negative family dynamics.

*Category Two: “I was in foster care”*

As a result of complicated family dynamics, most co-researchers reported some involvement with the Florida state Department of Children and Families (DCF). Many co-researchers explained that, as a result of DCF intervention, they did not live in a home with their parents. Instead, co-researchers lived with court-mandated family members, in foster homes, or at group homes:

*Baby Red:* I don’t hang out with my family. I don't even stay with my family.

*Ty:* I ended-up going to the state and I ended up with my auntie mental house.

*Lily:* I’m already in the system so I’m like, I’m already in a home.
Overall, co-researchers reported negative experiences within the foster care system, explaining that the people charged with protecting vulnerable youth often appear to lack a sense of investment in the well-being of children:

*Nanu:* …that's what most of the kids need. They need somebody who cares by their side, a team of people who actually care. Most case managers they just like, bam, their job is done once they clock in and clock out. That's it.

*Nanu:* No, foster parents, some of them do it for the money honestly. Most of them do it for the money.

Foster homes and group homes were characterized as generally unsafe home contexts, where children might be subject to physical violence and neglect. Co-researchers described wanting to escape from life with court-mandated guardians, foster parents or in group homes due to their negative experiences:

*Ty:* …they placed me back in my auntie. Then dealing with her calling me bitches and hoes she done gave my sister a black eye. Then she talking about pushing me down the stairs. Then me and my cousin almost got in a fight when my baby's in my arm. Like she's swinging at me and I got my jit my hand and he's only about a couple of months.
Savage: …when I be in foster care... I was 7 months pregnant and this girl was like, oh you ain't gonna have a baby, it's gonna die. Man, after she said that, brah, like, literally, I beat that girl … and guess what? She ended up leaving the campus. Not me.

Peaches: people run away because they're in the foster care and the houses are like really, really bad.

Nanu: Yeah, that's when I started running away. I didn't start running away until I was in foster care because you get mistreated in homes and it's just not the type of environment you want to live or be in so you just have to leave.

Co-researchers described negative experiences within the foster care system, characterizing their assigned guardians as neglectful and, oftentimes, abusive. Further, they felt that service providers did not have their best interest at heart. They described a desire to flee from their home environments.

Category Three: “I’m lonely at school”

Schools were generally viewed as an unsafe environment where youth felt isolated, unsupported, stigmatized, and stressed. Many co-researchers felt that they were targeted by school officials, who were more interested in punishing co-researchers than in keeping children safe:
Nugget: It relates to my life because I'm always in trouble – 'cause I'm always in trouble, so – yeah, I'm just always in trouble.

D'Amour: My school has files out the door about kids overdosing on drugs at my school, 'cause every time they overdose, all they do is just call the ambulance and then let them take 'em away. My momma is like, "How can y'all get these kids – y'all not properly checking 'em," 'cause we go through search every morning, and we have dogs that come to our school twice a month. So how the hell do these kids still have drugs in the school? These kids even make homemade liquor. Tell me how you do that.

Co-researchers described feeling isolated and marginalized at school. They describe several instances of feeling judged and bullied by peers:

D'Amour: Those kids call me a dumbass. They call me the want-to-be-nerd.

Baby Red: It's like I go to a public school so it's like I do the most simple thing, like turn the corner the wrong way, "Oh, look at her. She ugly." They just looking at my body. They're not looking at my face, and I feel like people are wrong for that.

Nugget: When I was in school they used to call me everything, they used to call me stupid, they used to call me dumb, retarded, all that type of stuff.
Co-researchers discussed examples of bullying that lead to more serious consequences for their peers, including suicide and assault. They noted that bullying was a very real problem in their schools, which led them to experience school as an unsafe environment:

*Gege:* Yea, um, people shouldn't judge people because a lot of people now, these days they dying…this 16-year-old girl she died over a boy.

*Big Red:* That she wasn't even talking to.

*Gege:* And they beat her up

*Baby Red:* The boy liked her and…

*Gege:* And my sister she went through something like that. Like not with boys but like with females. And you know who knows, who's to say that the girl that she be fooling on… push her in the back. Like so you have to be wise about the things that we say because today at school, one girl like, nobody knows her story, like this girl is homeless, she doesn't have nowhere to sleep, and like, boy they be talking about her like they be talking about her and she just went to the bathroom and cried. It's embarrassing.

*Big Red:* And a lot of people dying.

*Gege:* I say it’s embarrassing because, it’s millions of people in these streets don’t have nowhere to go. And when you go to school people talk about you and stuff like that.
**Nugget:** That’s what happened to this girl. She used to be near my brother and their friend all the time, and they used to call her [redacted]. And she stayed across the street from us and her mommy kept calling her and calling her. No [redacted]. So, what her mom did, her being in a wheelchair, she had to roll herself to her child's room window and her child was hung, over a boy. She just in the closet like really hung herself with a belt. You don't know what can happen. Her momma, and I said her momma, ain’t have nobody to help her and she just stay there crying. Because that was her only child. That’s why I say people got to stop bullying people because it’s not nice. If you don't want nobody talking about you, you shouldn’t go in the streets telling your friend about, "oh, let me tell you, right, I saw my friend and she was..." just you don't do stuff like that.

Co-researchers described negative experiences at school, including bullying by peers, the feeling of being targeted by school administrators, and a lack of awareness on the part of staff. Generally, they described feeling that school was a dangerous place where their physical and emotional safety might be compromised.

**Category Four:** “I had a lot of fights in my life”

In addition to encountering physical violence at home and in school, co-researchers described it as a regular part of daily life. Their neighborhoods were described as areas where violence had become the norm:

**Ty:** It's really trying to get out of the city because how much violence happening
in the city right now, how much killing and everything...there's crime tape around or you see the police lights outside your window, or you hear gunshots, or you hear arguing, you hear people breaking into people's houses, you hear people getting beat up.

Physical altercations were described as occurring regularly and in diverse locations, including at work, on public transportation, in cars, on the street, in the home, and at school:

*Nanu:* I got pistol whipped with my own weapon, brah, with my own weapon. Because that is...everything happens so quick. You gotta be quick on your feet. You gotta be fast.

*D’Amour:* I ain’t gonna lie though, when I punched that girl in the face it was like I ain’t feeling no type of way. I ain’t even feel a lot. I just felt like my heartbeat. I was hearing my heartbeat.

*Lily:* Yeah. He jumped me 'cause I took him to the weed man’s house, and then he jumped me and my weed. -- it’s a girl, so somebody...jumped her, pissed off me and her, then left me there.

*Ty:* ...I got into an altercation with a person at a little grocery store I used to work at or whatever. She tried to get all big and down with me. So instead of me
grabbing a weapon or whatever like I wrestled with her. Then somebody came out of nowhere and shoved me shy so I stabbed him with a pencil in the shirt…imagine somebody just, like a big dude like that, slamming you into a glass.

Many of these violent interactions led to contact with police officers, which were generally viewed as an experience to be avoided:

*Ty:* ...So I got arrested for that because I stabbed him right here in the collar bone right between here with my pencil...

*Nanu:* I punched him three times in the face and he was gushing blood, like full gushing blood, like spitting out, he couldn’t even breathe. He couldn’t even breathe and cops were coming. He said run. We started running both of us together.

*Savage:* Boy, I had a lot of fights in my life and I never went to that school because the police out there couldn't, they fine me and take me home. They ended up letting me go.

Several co-researchers described spending time in jail or juvenile detention. Additionally, they explained that several of their family members or friends were either currently incarcerated or had spent time in prison.
Nanu: When I was locked up, this crazy woman, she said that she had killed somebody. I went, "This is too much." I ended up staying three more months because of that. I'm not gonna sit there and listen to your little war stories and glorifying neither saying that you’re fine with killing someone. I couldn't bear listening to that.

D'Amour: My big brother that's in jail, I read his book…

Ty: The only person I had to say that was my brother, so since he's locked up, I don't have money on my phone for him to call…My brother doesn't do his violence no more even though he still could through the jail walls.

Lily: Now [my ex-boyfriend is] in jail for murdering a kid, but anyway…

Youth described a social context in which violence is a regular occurrence. Co-researchers often engaged in physical altercations, which sometimes led to negative contact with police officers. Many co-researchers described having been arrested or having a close friend or family member incarcerated.

Category Five: “I’m sitting home grieving, like heart broke.”

Co-researchers described several instances of loss throughout their childhood, ranging from the premature death of a family member or friend to the dissolution of an
important relationship:

**Peaches:** There’s a flower like that by my best friend’s like little memorial…you know, where they have the balloons and stuff like that…It’s the same color. The exact same color.

**Gege:** …My cousin he died in his sleep and nothing was wrong with him. My cousin he never smoked, he never did alcohol, he was in a band and he played baseball so we couldn’t understand how he died.

**Ty:** …a person I was dating…he had a seizure, but he had also a bullet in his head and when he went the hospital they was like, "We found a whole bunch of blood clots around in your brain."

These situations resulted in existential considerations and fears surrounding mortality. Co-researchers cited concerns surrounding their own death and anxiety surrounding the centered on the potential death of important figures in their lives:

**Ty:** Me, myself like when I do get, when it is time for me to die I rather die at home, my son is not there and like I don't want to have one of them slow deaths. I rather either die in my sleep and luckily just wants me to sleep, "Pow.""

**Gege:** To be honest, to be honest, to be honest, to be honest I say a lot of things
to my mom and I knock on the table because if my mama were to die today or
tomorrow I will be lost…I will be out of words…

Co-researchers described several experiences of loss, including the death of a
friend or family member and the loss of important relationships. Many youth described
feeling preoccupied by thoughts regarding their own deaths or the potential deaths of
family members and friends.

Category Six: “I've been through trauma since birth”

Experiences of violence, abuse, neglect, or loss were often referred to as
“traumas”. Childhood trauma was perceived to be a vulnerability for more trauma.
Further, co-researchers viewed trauma as something to be “worked on” in order to
progress forward in life:

Nanu: Vulnerability is going to lead you into more trauma. I'm just saying I went
down that road.

D’Amour: …I'm in a stage of vulnerability because of the fact that I experienced
much trauma and I haven't had time to grieve or heal with it, I'm looking for
acceptance within others and myself. But then I had to learn that, I was growing
up around bad people so I look at all the bad people as if they're good and all the
good people as if they're evil. So I look at it as if I shouldn’t just be with no one
and I should just work on healing within myself first because why focus on trying
to love someone else when I have my own insecurities and my flaws and I don't even love myself.

**Nanu:** Yeah, like I'm 18 and I know who I am at 18. I know everything that I’ve been through. I've been – nobody knows you better than you know yourself. Nobody can tell me – because I say this is what I go through and this is what I will go through and I'm a woman of my word so if I say I know my reaction to certain things. Now I'm a work in progress still because as we continually live we're still learning of course, but we're also still progressing because there can be so much trauma that's done since birth. I've been through trauma since birth that in 18 years can't be patched up. In 13 years, 14, 15, 17 years of living cannot be patched up. It takes work and it takes time and progress as long as you just continuously work on it.

Many co-researchers described how their early experiences of trauma left them feeling unloved and lonely. As a result, they described a tendency to seek love and acceptance from others who might take advantage of them. This left them vulnerable to new instances of trauma, including abuse and exploitation.

**Gege:** That at that time I was acting up even more. You know and it's like when I was growing up I was reaching out for love, reaching out for love because my mom she would show her love to her boyfriend instead of to me. So I would go out and look for love through boys and things. It was like everything got
worse…”

Ty: It was just so much in my mind and just like, "Damn now I need love." Like I'm looking for that brother and father love and significant other, all these dudes, the parties, the liquor, the drugs, all of it hit me hard. Then finally meet this sweet man, then he end up like she said, like it was just to the point like nobody was there to help me, none of this and then it's just like I met my baby daddy and it's just like it was abuse here, abuse there. "Oh you're going to do this or I'm going to shoot you.

D'Amour: Yeah, so I was hurt. I was very upset, like I couldn't even name the feelings because it happened to me before and I thought it would never happen to me again. That's why when I first met him I was like, "No, I'm not going to give it to him," but them I'm like, "Okay, I'm gonna give it to him," because that's how I felt.

Co-researchers explained that experiences of childhood trauma led them to seek attention and approval from others. This left them vulnerable to abuse and exploitation by others who initially showed them positive attention to gain their trust.

**Theme 2: Push Factors**

The theme “Push Factors” refers to events or experiences that are facilitated by risk factors, but precede sexual exploitation. Push Factors include behaviors that are
intended to help cope with unstable family systems, involvement with the dependency system, unsafe school environments, and early experiences of loss, violence, or trauma. These behaviors include engagement in abusive relationships, substance use, unplanned pregnancy, social isolation, runaway behavior, and suicidal ideation.

*Category One:  “I ended up going through domestic violence with him”*

Co-researchers described intimate relationships that were characterized by physical, emotional, and verbal cycles of abuse. They explain that vulnerability factors, such as lacking and seeking love and validation, led them to tolerate abuse in exchange for affection.

**D'Amour:** I used to let people control me, take over me, take over – they were the dominant in the relationship and I was like the submissive. I would let them control the entire relationship, ruin me emotionally, mentally. It'll hurt because me, I don't really worry about the physical because nobody touches me because I know how to defend myself…but I know how I am, how fragile I am within my emotions and my mental state of mind. So I used to let, a lot of people used to control me that way and get me that way. They would say a lot of things to hurt my feelings, which is emotional abuse and mental abuse, playing with my head. So now he don't even do that.

**Ty:** He turned me out, had his friends over, a whole bunch of things. Then it just got to the point like I started to get tired. Even with me being tired and everything
he beat me just for getting tired. He beat me because I didn't want to eat.

*Nanu:* I broke up with him. He still kept running after me and I said look I don’t want nothing to do with you. It got so bad he pushed me out to the streets. He brought the monster out of me and I never wanted to be that person. I punched him three times in the face and he was gushing blood, like full gushing blood, like spitting out, he couldn’t even breathe.

Co-researchers shared that they felt deceived by their partners. They felt they often confused manipulation for love, making it difficult for them to leave abusive relationships:

*D'Amour:* I psychologically thought that I loved him…then when they betray you, you like, when they deceive and they betray you in way that you never thought. And you know you can’t leave cause you see his hand right there holding your shoulder. Cause you know if you leave you’re going to feel nothing at all. Cause you are so used to depending on that person or just being with that person in general cause you thought that’s what make you happy, but it’s not even really healthy. And you know it’s not healthy but you still hold on because you think it could work out or you think that’s where your happy place is. But you didn’t have enough time or enough years or even experienced enough life to find yourself to know how to put yourself on the upper level and get yourself more respect.
Ty: So then like now I'm thinking like in my mind I was just like, "Okay this is love." his is how I was raised like. Even though a person can tell you this and that, you get beat and all of this there you still love them in my mind.

Co-researchers struggled to maintain healthy boundaries in their relationships, often feeling unsure in their ability to set limits with partners. They found themselves struggling to communicate assertively within their relationships, often vacillating between passivity and aggression:

D'Amour: It’s like I let people step all over my boundaries and I wasn’t really doing nothing about it. But now I don’t fight no more. I just gonna cut some bitches, cause listen. When you come over my boundaries now …

Nanu: You trying to save him when he doesn’t want to save himself. And we can’t make decisions. Cause look, I tried and I tried to beat it in his head. And I still couldn’t do that. We cannot change a person’s mind. Yesterday or the day before yesterday I woke knife right here out the kitchen, the big one. Big, big knife. I said hold on, I’m gonna take it and I’m going to say what I got to say and if I hear something I don’t like I’ll just take out this pocket knife and say hold on and if he don’t tell me what I wanna here I’m gonna just just slice his throat. That’s what was going in my head, you feel me?

D’Amour: That's why when I first met him I was like, ‘No, I'm not going to give
it to him,’ but them I'm like, ‘Okay, I'm gonna give it to him,’ because that's how I felt. I'm like, okay, I want to feel accepted. So I took it as if I'm going to have sex with him because that's what I used to think all boys wanted. So it's like I would give myself; that's how I was, because I thought that's what everybody wanted, sex, sex, sex, sex, sex. That's what I thought.

As a result, relationships were characterized by repeated cycles of abuse. More specifically, co-researchers described a pattern: partners behaved abusively, co-researchers attempted to set boundaries, partners engaged in misleading or manipulative way, co-researchers forgave the behavior, until it reoccurred.

**D'Amour:** When I told you that story remember? That he’s not gonna be disrespecting me anymore and it went that way. Recently I let it happen again. I let it happen again.

**Nanu:** I love this person, I did everything for this person, a little more than I was doing for me. Because I have potential in this person. But it’s like at the end of the day we can’t stop for us. And it got bad

**Nanu:** Listen, I was talking to my homeboy and I said I don’t know why I keep running back to him but he disgusts me. I can’t even look at another niggas face because it disgusts me. He said you’re doing it to yourself. He’s like and I don’t answer your phone calls when you be calling me crazy times at the night. I said
you’re right. And I said but it’s someone that knows me, who’s been with me, who’s lived with me, who will not understand you because no one could understand me. No one has ever walked these shoes so no one could ever understand me. They could try and pretend to understand you and can see where you are coming from because they can relate but they will never fully understand you. But that person is there to listen and that’s what we want. We want somebody to listen.

*Baby Red:* It’s like petty. Something just keeps sucking me back to him and like I have to go back for some reason.


*Baby Red:* But at the end of the day I’m like I don’t need you. I don’t. I don’t need you.

*D’Amour:* But you feel like that’s what makes you happy.

The co-researchers described numerous intimate relationships that were characterized by emotional and physical abuse. They explained that these relationships were often cyclical in nature and difficult to escape.

*Category Two: “I had a drug problem”.*

Many of the youth explained that they engaged in illicit drug and alcohol use in order to cope with life stressors. They described their struggles with addiction, explaining that as drug tolerance developed, they felt the need to increase their drug intake:
D’Amour: I had a drug problem, and I was addicted to drugs and alcohol and cocaine. And when I first started doing drugs, it was a choice, 'cause I chose whether I wanted to smoke it or not. But then once you feel like, ‘Oh, this one joint ain't getting me high,' then move on to the next. And you level up and level up and level up till you feel like weed just don't get you high at all. But listen, when the weed don't get you high no more, you move on to a better drug, which is most likely cocaine…Sooner or later, you don't have a choice, 'cause you're gonna need ways to support your drug habit, because you feel like, ‘Life ain't shit without drugs. I just really need it’. You would do anything for it.

Nanu: In your brain is a chemical that keeps you balanced, and it moves. It moves up and down, up and down, up and down. When you're high, that little chemical is high 'cause you feel like, ‘Woo, I'm happy 'cause I'm high’. You feel good. But then you have to look at when you get sober, it drops and it gets so low that you feel depressed. Even if it's not this, as soon as it's done, it can happen long-term like weeks after that you feel depressed and you feel like, "Oh, I like that feeling of me being high." That's what turns it into addiction…you get depressed 'cause you feel like you felt much better with it in your system.

Nanu: I did pills and I smoked, but I never went to the extreme of ever injecting. I was around people who did it. So that never influenced me because I was like, ‘Oh, I don't want to do that. No.’ I just kept upping up on the mollies, upping up
on the monkeys, upping up on the ecstasy. I just kept going and kept going and going and going, like 12 mollies a day. I was rolling with a monkey and a ecstasy. Blues and Transformer.

As drug tolerance increased, so did the potential for drug overdose. As such, several co-researchers reported either overdosing on drugs themselves, or witnessing the accidental overdose of another person:

**D'Amour:** I was only supposed to have one. He said, "You know what, just smoke one joint with me 'cause it's your first time trying platinum." I'm like, "No, brother, let's just smoke the whole thing together." I really wish I just never hit that shit, 'cause I was high. I was like, "Bro." I was stuck. I'm like, "Bro." He's like, "What?" I'm like, "Why the hell did I just smoke all this shit? I feel like I'm tripping now." He's like, "I told you." I said, "Brother, let's go home." He said, "Bitch, I'm home. You need to go." I'm like, "No, let me stay in your room." I couldn't go to sleep.

**Nanu:** You was really tripping. What'd he say?

**D'Amour:** I went in his room and I laid down.

**Nanu:** You knocked out and you slept it off?

**D'Amour:** Yeah. When I went to school the next day, he goes talking this up. I'm like, "Don't ever, ever, ever let us do that again." I was about to cry, bro.

**Nanu:** He didn't warn you about it before?

**D'Amour:** No, he told me. He said, "Bro, just smoke one since this is your first
"I know he knows how it is 'cause he smokes it. I'm like, "Listen, bro, I'm trying to get high, not fucking – I'm trying to get high."

_Nanu:_ Were you satisfied with that high?

_D’Amour:_ Boy, listen, I was about to die. I felt like my heart was about to hop way cross to Mexico or something, for real. I was scared.

_D’Amour:_ I overdosed on two Xanax. Tell me how that happened…”

_Nanu:_ I've had seven Xanaxes and I went on a bar rage and started a shootout. Well, I have a tolerance.

_D’Amour:_ And I literally overdosed…I just remember waking up trying to escape the hospital, 'cause I woke up and I'm like, "Where the hell am I?" And I just got up and started walking out. Then I'm like, "Holy shit, I'm in the hospital. Let me go home." I'm thinking I went there by myself.

_D’Amour:_ If you get too high, though, you'll be scared. If I get too high, I'm scared. I'll be like, "I need to go to sleep." But then when I close my eyes, I'll be like, "Oh my God, I can't go to sleep."

Drug use was primarily described as a maladaptive method of coping with life stressors:

_Ty:_ It was just so much in my mind and just like, "Damn now I need love." Like I'm looking for that brother and father love and significant other, all these dudes, the parties, the liquor, the drugs, all of it hit me hard.
**D’Amour:** My stress level been to the point I started back on my pills. And I know that I'm depressed, and I have stress because – I stopped doing pills because I blacked out once. And I got be Baker Acted and all of that, because I tried to done escape the hospital and all that other stuff…But what's stressing me out a lot now, the reason I think I started the pills again is what I'm going through with trial. I have trial. And then they telling me nine life sentences and stuff. And hearing it is like a hard thing…

**Baby Red:** Like when I'm stressing real, real bad and all that, I'm gonna hit a joint… I'm gonna smoke some weed. When I'm stressed, when I'm really stressed, I hit a joint.

**Poppy:** …you know what's good for stress? If you smoke weed and listen to music.

However, some other reasons for drug use were described as well, including personal enjoyment and social pressure:

**Nanu:** you just want to experience something.

**D’Amour:** Yeah, or peer pressure, who you hang around, what you see on TV is gonna make you want to do it. Once you try, some things are really addictive.

**Nanu:** It expands your mind.
**Nanu:** Another thing I don't like is when therapists or some people say, "Oh, do you use drugs for coping?" No, I like to get high.

**D'Amour:** Miss [redacted] asked her that, and I'll be like – in my head, I'll be like, "Bra, who are you to ask that dumb ass question?" If you look now, people use drugs for, one, either to cope, two, peer pressure, three, they're trying to fit in, or four, they just like to get high.

**D'Amour:** I inhale happiness, but I don't do drugs. I inhale happiness… Y'all feel me? I know that marijuana is happiness.

Co-researchers discussed where they obtained their substances, both within their communities and their homes. Some co-researchers explained that they purchased from known drug dealers, others abused prescription medications, and others sold drugs:

**D'Amour:** I don't buy or get it from the doctor. It's right on the dresser. I know a family member who um have it on them basically so I just go and borrow….For real, I'm like, it's right there. So because she had surgery. So the doctor gave her.

**Nanu:** Mm-mmm. No, no, no. Those are street mollies. I used to serve, and I never served none of that because I saw somebody die… I saw somebody died, and you're the distributor, and you're like, "Man."
**D’Amour:** Let me tell you something. I trust my weed man, ’cause listen…he grows his own. Thank you. They got a little computer, right, the desktop. You know the square thing at the bottom and then they got the screen. They got that. But inside it's a lamp and you grow your own.

While the majority of co-researchers endorsed smoking marijuana, a few who explained that they chose to abstain from drug use:

**Lily:** I don’t, girl. You know I'm pregnant. I don’t smoke.

**Gege:** I go to school. And I don’t smoke weed.

Co-researchers explained that they often used illicit substances to cope with life stressors, as well as to enhance day-to-day experiences. Many struggled with substance use disorders, and, as a result, some faced significant health crises. Survivors obtained substances through friends, family members, and drug dealers. Marijuana was the most widely used substance. Youth also described abusing alcohol, MDMA, prescribed medications, and alcohol.

*Category Three: “I would've preferred having it when I was more ready”*

Several of the youth explained that they were surprised to learn that they were pregnant. Unplanned pregnancy and subsequent motherhood was described as an
experience that de-railed co-researchers’ life plans. They discussed the moment that they found out about their pregnancies:

*D’Amour:* So was it like unexpected when you found out?

*Lily:* Girl, 12 tests; each one came out positive.

*Ty:* ...Went to the hospital I find out I was two-and-a-half months pregnant…

*Nugget:* Listen. You don’t never say never ok. Because guess what? I said that when I first came here. Nugget first said that when I came here. I told everyone here ‘oh Nugget’s not going to have no baby, not going to have no kids’ and look what happened. When I came here on a Tuesday, I was three months. Over there, she was the first one to say anything.

They explained that termination of the pregnancy was not a viable option for them and, as such, they carried their babies to term:

*Nugget:* See, my mama ain't tell me that I was just gonna get an abortion. She actually talked to me, and see what I wanted to do. But I told her, since I made my own mistake, I prefer me to have my own baby. I prefer to have a baby and take care of the baby…
*Wolfy:* See for me it was completely different. My dad said, "You're gonna have the baby, I don't care, I'm not gonna sign the papers." And it's, like, "Ah, damn." 'Cause I kind of wanted it, 'cause I just – I don't know, I just feel like I'm really young and I haven't, like, accomplished a lot of things. And my idea of having a baby was, you know, financially ready, and a good house, and married. But, you know, that's, like, the ideal of having your first child, but I guess that didn't happen, so – I don't care, like, I mean, I'm not gonna regret, ever, having it, but I would've preferred having it when I was more ready.

*Nugget:* most parents don't care, they just think it's okay for them to just take their child to, like, "Okay, yeah, since I found out she's pregnant, I'm finna, I'm just gonna go take her to get an abortion." No, you have to let your child learn the lesson, okay? You have to let'em learn the lesson. If they went out there, and they had a baby, and they got pregnant, it's okay for the mama to say it's okay for them to have that baby. Not for them to take them to get no abortion…

Co-researchers expressed that they felt some shame associated with the circumstances that led to their accidental pregnancies:

*Nugget:* The path that I went down, it's not a good path, because at the end of the day, I'm still embarrassed of my situation, because of the simple fact that I have to do DNA with the both of the boys, because I don't know who the baby daddy is. I
don't know if he is the baby daddy or he is the baby daddy, so the situation I have to think for my baby, I have to think…

Further, co-researchers struggled to navigate pregnancy, the process of giving birth and raising children:

_Savage:_ You need that epidural. I don’t care what you say…

_Lily:_ Man, I’ve been having to pee so much…

_Ty:_ The person you cannot stand when you're pregnant your child comes out just like – I cannot stand my mother to the core, all the way into the core and my child is just like her. My child will get on anybody. She pulls his hair, she pulls hair, he pulls hair; she bites, he bites; he want to come snatch your food, she snatches your food.

Youth explained that their pregnancies often occurred accidentally and unexpectedly. Many were opposed to the idea of abortion and, as such, carried their pregnancies to term. They shared their experiences of the pregnancy and birth process, including difficulties of pain, frequent urination, and raising young children.

*Category Four: “It's hard to trust people”*

As a result of their previous experiences, co-researchers explained that they often had difficulty engaging in emotional intimacy and connection with others. Generally,
youth explained that they perceived others as disingenuous and unworthy of trust. As a result, co-researchers described feeling emotionally isolated:

Ty: I understand what you're saying with that because me and my boyfriend, he's like, "Why are you always so closed? Why you don't want to talk? You'd rather hug and everything and cuddle but you don't want to talk to me." I'm just like instead of pointing out like it's hard to trust people."

Gege: And they bring up everything. That's why now it's like with the boy I was talking to, I shared so much with him. We not together and like he would tell his next person about what I was going through, so like now, to be honest, I really don't tell nobody else my business. I just move, I just take it day by day.

Ty: Because you’ve got people that’ll betray you. Even though they stand in your face and stand 10 times strong...you got the people that say they’re your family, they’re your blood and everything. They’ll sit in your face and tell you 1001 things; oh yeah, I got your back, then they onto another...

They described an ability to discern whether or not people had their best interests in mind. They explained that they often remained suspect of people’s intentions:

Savage: I see through all that. All that fake persona, I see through all that. Even at first, I can tell if you’re a fake... depending on how they talk, their character and
everything…

*Lily:* I think it’s a vibe…it’s a vibe that you get from someone.

*Nanu:* It's easier to talk to – for some people you have to talk to somebody. I have a trust issue so I only have a few people that I talk to, very few. I have to see something in you, talk to you first about something different, and see where that goes and then I can open up to somebody but other than that – no, I'd rather shut down and deal with it internally.

*Ty:* It's to the point where you gotta look over your shoulders with everybody, your family, your friends, everything. It's everything. To question your environment.

Social media served as a contributory factor, exacerbating the co-researchers’ experiences of social disconnection and isolation:

*Lily:* I think oh my profile might look like who I am, but that’s just what I put up there. That’s not what I am.

*Baby Red:* Yeah, the thing Facebook ain’t nothing but a lie…Like me personally I feel like Facebook it just there just to be there, it ain’t nothing but drama. Ain’t nothing but fake, these days.

As a result of historical traumatic experiences, co-researchers were quick to
disengage from others and slow to connect emotionally. They described feeling misunderstanding, isolated, and uncared for:

*Ty:* I could literally say in my life and I done been through hell and back, because of the fact is like everything I've been through throughout these years that like nobody will understand because of the fact that I refuse to explain it.

*Baby Red:* All right, all right, I have my flaws but it's like when I try to show her I'm doing better it's like her friends or my sister or her, they'll pull me down. They don't, don't know me like me. Personally I feel like nobody really wants to see me happy.

*D'Amour:* ...I feel like I don’t want to communicate with others. I feel like I don’t want to communicate. I just feel like I just don’t want to talk. I feel like I don’t even want to have sex anymore. That’s just not me.

*Nanu:* So it was like you don't got nobody to talk to so you're vulnerable and it's like you don't know what that person is going through and how they're going to take and look at you, especially because you're all nice because you're vulnerable and it's like whoa and then you end up getting taken advantage of. And that's what usually happens with vulnerability; you get taken advantage of.

These dynamics were often evident during photovoice groups, where co-
researchers sometimes attempted to disconnect from other co-researchers and socially isolate themselves:

Ty: So can we finish talking about the picture so I can go back and put my headphones back on?

D’Amour: Here we go. She gon be like dadada and I’m gonna have to be like “What she say?” And we gonna be going back and forth like.

Big Daddy: I don’t be arguing with her cause half the time I don’t be understanding what she say. It’s just too fast.

Peaches: Nope. Peaches is not talking about how Peaches came here.

Poppy: This group is so it’s – I don't know. It's emotional.

Co-researchers explained that, as a result of prior mistreatment, they found it difficult to trust others. As a result, they often engaged in social withdrawal and isolation. They often employed these self-protective strategies with one another during group time, as they determined whether they felt comfortable trusting their fellow co-researchers.

Category Five: “If Imma be trapped, I’mma try to get out”

The majority of co-researchers had a repeated history of running away from their homes. They cited a variety of reasons for running away, including escaping abuse and
hardship:

_Peaches:_ Some people run away because they're in the foster care and the houses are like really, really bad.

_Nanu:_ Yeah, that's when I started running away. I didn't start running away until I was in foster care because you get mistreated in homes and it's just not the type of environment you want to live or be in so you just have to leave.

_D’Amour:_ The first time I ran away is because I was scared I was going to get a beating because I had an F on my daily progress report and I know how my daddy's whoopings is and, but anyway.

_Lauren:_ So before you run away what happens? Why do you leave the house?

_Nugget:_ It used to be cause you argue with the old G.

_Baby Red:_ Parents are dicks bro.

_Big Daddy:_ Parents be acting a fool.

_Baby Red:_ That’s not always the reason. My first time I ran away was because life was hard and I was just tired of it and I thought like running away I could just be free and life would be easier but it wouldn't be harder.

_Baby Red:_ I'm the type of person where I don't like to be trapped. If Imma be trapped, I’mma try to get out. That's just me. That always been me. That ain't
never gonna change, because I just – but I've been through a lot.

Co-researchers also described running away from inpatient and rehabilitation facilities intended to aid in their recovery:

**D’Amour:** I had to lie my way out the bridge. I said, "Mom, they're trying to jump me in here," but the thing is I went to school with all the girls in the bridge and then I stopped going to school so when they told that I wasn't going to school my momma picked me up from the bridge and took me to crisis. I tried to escape the hospital.

**Big Daddy:** Then they send you to rehab.

**Nanu:** I escaped Miami Behavioral Health when they were doing the drug thing there.

When co-researchers ran away, they sometimes reported running to a family member’s house:

**Big Daddy:** Or if you tryin to run away just go stay at your grandma house and live like that.

**Baby Red:** I mean I stay at my cousin home.

**D’Amour:** She said run away to your grandma's house. I ran around to my cousin’s baby mama house and my mom got me sent to jail
Regardless of where they ran to or from, co-researchers explained that when a youth runs away, their parents or guardians are not privy to where they are:

_Wolfy_: So like, the reason why I came here was because my dad, you know he thought that I was like doing bad things out in the streets and like I wouldn't go home for like days and stuff so yeah, he just thought that I needed help. That's what brought me here.

_Peaches_: Yeah, because your parents don't know where you are.

As a result, co-researchers explained that they had to engage in survival behaviors in order to ensure basic necessities:

_D’Amour_: Because when you run away you broke.

_Peaches_: Your parents don't know where you are, you don’t know how to get money, your parents can’t give you money, so how are you going to get money to survive?

_Nanu_: Robbing people.

_Peaches_: Besides robbing people. You’re a female.

_D’Amour_: So when some people experience trauma they turn to the streets and then they turn to those types of things so they probably brought them here to stop the problem.
Co-researchers explained that they felt their only recourse for escaping mistreatment and feelings of overwhelm was to run away from their homes. While on the streets, they sometimes lacked access to basic necessities. In order to secure these resources, they occasionally engaged in behaviors that left them vulnerable to exploitation.

*Category Six: “A lot of people now, they are doing suicide.”*

In response to feeling overwhelmed by life stressors, co-researchers described experiencing both passive and historical suicidal ideation. Youth described protective factors such as intimate relationships and family obligations that kept them from following through with suicidal impulses:

*Ty:* the other day 'cause I was stressing to the point where it was just like I'm about to go lay down in the road and just wait for a car to just vroom pass. That's how literally stressed out I was the other day.

*D’Amour:* I said, "I'm gone." Everybody started collapsing on my ass– then they sent me to Southern Winds 'cause they thought I tried to do it to kill myself. My momma recorded me, and they asked me what I had, too. My dumb ass said, "Tylenol." I know if I wasn't blacked out I would have never said that. I would have said something else like I took a sport drug or something.
**Gege:** ...it was just one point I wanted to give up, not to suicide myself but just to give up on everything, but I have so much to lose. Why would I just lose this? Right. You don't want to work for it.

**Baby Red:** I feel like my if sister wasn’t here, I'd be like dead, like, there's been so many days where I actually could have just shot myself in my head and just didn't give a fuck. Like, I had days where, where I actually could have just jumped in front of a car and been like, oh, fuck everybody. I could have did a lot of shit just to be gone from this world. But my mama has my sister and then I seen with my mama and in my life - just came to me and just, like, it's like, damn, I gotta do it for her.

Additionally, co-researchers cited protective factors, such as spiritual beliefs, that kept them from engaging in suicidal ideation:

**Savage:** I know a lot of stuff. I done seen a lot of stuff. But I don't never want to kill – like, me, I just can't go to hell, so I'm not – you can say I'm gay about it, but I'm not going to hell. Because if you kill yourself, you can't say sorry for what you did, so you're going to hell.

Co-researchers provided several examples of neighbors and friends who had successfully completed suicide:

**Nugget:** That’s what happened to this girl. She used to be near my brother and their friend all the time, and they used to call her [redacted]. And she stayed
across the street from us and her mommy kept calling her and calling her. No [redacted]. So, what her mom did, her being in a wheelchair, she had to roll herself to her child's room window and her child was hung, over a boy. She just in the closet like really hung herself with a belt. You don't know what can happen. Her momma, and I said her momma, ain't have nobody to help her and she just stay there crying. Because that was her only child…

**Gege:** A lot of people now, they are doing suicide. The reason I said that because not too long ago, like a year ago, I had a friend, I knew her since sixth grade and her mom would tell her she wasn't gonna make it. She wasn’t gonna be nothing. So it was depressing to her. My friend got up to the 11th grade and she was still going through everything dealing with her mom and the way her mom would treat her. In this morning, we'd always call each other before we'd go to school. We'd be like, "I'm gonna meet you here. Meet me at this spot." This morning I called, no answer, no answer. I go to school, I'm worried about her. I'm like where she at? Everybody asking me 'cause they be like, "Well, y'all together so you should know." This day she killed herself right in her basement all because of something that her mom, you know, was saying to her. But she was a good student. She was making As and she did a lot like basketball and stuff like that so to get her mind off of that. But you don't know what type of environment a person's in.

Further, co-researchers disclosed a family history of suicidality and mental health concerns:
Baby Red: Anyway…my grandma, she's like that. You have to show a person love. If they don't love themselves you have to show them that you love them. My grandma is like 63-years old and to this day she is suicidal…

For many of the survivors, suicidal ideation appeared to have occurred in response to feeling overwhelmed by life stressors. Protective factors, such as spirituality and hope, kept some youth from acting to take their lives. Some youth reported failed attempts to commit suicide, and many reported knowing someone who had been successful in completing suicide.

Theme 3: Maintenance Factors
The theme “Maintenance Factors” refers to factors that keep youth vulnerable to exploitation as they engage in “Push Factors” including abusive relationships, substance use, unplanned pregnancy, social isolation, runaway behavior, and suicidal ideation. These factors serve to maintain co-researchers’ feelings of social isolation and stress, increasing the likelihood that they will enter unhealthy relationships or engage in risky behaviors. Negative experiences within the mental health system, stigmatization and marginalization, and negative self-image all contribute to adverse outcomes for vulnerable youth.

Category One: “You locked up with all the crazy people”.
As a general rule, co-researchers described negative experiences within the current system of mental healthcare. To begin, co-researchers described a sense of being
labeled with stigmatizing diagnoses by mental health providers. Some co-researchers felt that these labels neglected to account for their experiences and proved to be more harmful than helpful:

**D'Amour:** They put on a piece of paper that they created the questions and let us answer the questions. That's why I don't be believing it when they tell me. Ms. [redacted] told me I'm ADHD, bipolar, got a post-traumatic stress disorder, and I'm depressed. I don't believe that. I could believe the depression part because I have feelings, I can feel the feelings, and the ADHD, I can feel that too but you know …I can feel that but I'm saying all that other stuff, I don't define myself as those.

**Gege:** No, but I actually did the test for Miss [redacted]. Miss [redacted] diagnosed me …

**Baby Red:** She always diagnosing somebody.

Further, many co-researchers reported that they had been entered into inpatient psychiatric care against their will, or had been “Baker Acted”. This experience was often perceived as oppressive and disparaging, rather than supportive. Other co-researchers viewed involuntary hospitalization as a necessary evil. In either case, it was something to be feared and avoided:

**Baby Red:** Then you gonna be Baker Acted
D’Amour: That’s a good thing if you gonna hurt someone

Nanu: Then you locked up with all the crazy people.

Gege: Nowadays if you act real crazy, they gonna try to Baker Act you…

Involuntary hospitalization and breaches of confidentiality due to safety concerns were viewed as violations of trust between co-researchers and their mental health providers:

Lily: She didn’t snitch on me but she told, she Baker Acted me because I said I was gonna get someone back for doing something to me. My ex…what is it called? You know when you piss off someone, you hit someone outside…she told the police. She called the police and said that I was gonna go and get revenge, 'cause my boyfriend now tried to kill him 'cause he did that shit to me.

D’Amour: Because how about my therapist called my mama and told her about the pills...about what you told me...And I was just laughing, and I don’t like that, but something switched there…I told her don’t come to my house no more…I’m sorry, but I got mad…So my old therapist is coming back.

Therapists were often seen in an adversarial manner rather than sources of support and empathy. Co-researchers described feeling misunderstood and underestimated by
clinicians. Further, they described feeling forced by clinicians to talk about their past experiences against their desires:

**D’Amour:** That’s like those therapists when they can’t get people to talk and they’re like [slamming on the table]…No, my therapist used to walk off on me. I look at her like.

**Lily:** No, she be angry that you don’t wanna talk...

**Baby Red:** Yeah, like you will sit there and look at her like this like.

**Lily:** And you intimidate her when she’s trying to intimidate you, and you look at her like…Some therapists be like that.

**D’Amour:** See, that's what I want to tell a therapist, "Until you get high, you can't tell me". Until you get high, you can't tell me, 'cause listen, I know the feeling...

**Pennny:** When we go through the circumstances we’re been through we mature at an extreme rate and mature mentally beyond our physical age. When they try to help us they treat us according to our physical age ignoring the lifetime we have experienced. This is a problem. You see a 16 year old. I see a close to 30 year old. Treat me as so. Don’t ignore my maturity. The same way you all refuse to let me ignore my experience.

Survivors described experiences within the mental health system that served to reinforce their systemic mistrust. They felt violated and oppressed by providers, who may
have involuntarily committed them to acute psychiatric care or broken confidentiality to speak with guardians. Further, they felt that providers applied stigmatizing labels in a cavalier manner that left them feeling misunderstood and shamed.

*Category Two: “People just always be labeling me”*

In addition to mental health stigma, co-researchers explained that they are often subject to labels that they feel are not representative of their lived experiences. They described feeling judged by others in multiple contexts, including school and home:

*Baby Red:* It relates to my life because I walk to school, I've been going through a lot lately, so, it's like I walk through school, and people like oh she this, she that. oh she been messin'. She probably doing this and that. So, people just always be labeling me like, my own momma she labels me. Everybody labels me, my sisters. Like, I don't know. I just, I'm just tired of being named. That’s it.

*D’Amour:* On the outside I look like this but on the inside I will destroy your ass, but not destroy in a physical way like beat you. I'm just saying if you sit down and really listen to my story then it'll be disaster because you can look at someone but you can never know their story. You can look at someone and say, "I know her," but you don't know her. You feel me? Because it's always parts in someone's heart that they never allow a soul to even look at or hear. Everyone has a dark secret that they will never share with the world. Even if it's not now later it's going to happen.
**Nugget:** I feel like people. People that have. People that like, some people that haven't had like parents in their life and they see that the person has like that love, they judge you based on that. Like the baby I have.

Generally, co-researchers explained that they felt prematurely judged by the people in their lives. As such, they felt misunderstood and further isolated:

**Nanu:** It's getting bad to the point where like no one knows, where I stand, no one knows each other and it's like woah you don't know my history, but you are saying that I don't know your history and you came off so disrespectful I haven’t been disrespecting you in any way and when I said I forgive you, you came off even nastier. Just chill, and it's like, you don't know if I was homicidal and I’m going to go in your room and kill you and your baby. I’m not I’m not I’m not homicidal. I’m not like that. But you don't know anybody, you don't know what somebody is capable of. So why would you push them to that point? To the point where you are like, anything you say to somebody you can be in danger, anything you say can affect anyone else. If you say something positive it can affect someone positively if you say something negative it can affect them negatively. People have like traumas that they don’t bring up their traumas.

**Baby Red:** Okay the other person might think I'm ugly, but to me personally, like, I get comments almost every day cause I'm heavy-weighted. So its like she’s
heavy-weighted, she's ugly. So it's like, oh well she's ugly as hell because she's not skinny. A lot of people expect you to be skinny and pretty. Me personally, I'm big setted, ok, but I’m still pretty.

*Savage:* They honestly think that, oh this is relationship goals and blah blah blah. But really we go through the same thing... You know we look happy right here but we still go through our problems, we still go through you feel me our ups and downs, we still got to progress as a couple so yea you might look at the picture and think its just blah blah blah, but you don't really know what's going on behind it so you are judging. You know what I'm saying?

Co-researchers also shared that they felt labeled and prematurely judged due to their involvement in a program for commercially sexually exploited youth. As a result, many youth reported that they often lied about their participation in the program:

*Big Daddy:* Not a lot of people know things about Project Gold. They probably think that it's just like – “

*Wolfy:* But the people who do know, they automatically think like wrong about you.

*Lauren:* What do they think about you though? What do they assume?

*D’Amour:* Not even people outside. It be people in Project Gold.

*Wolfy:* That you're like a prostitute or something.

*Nanu:* How you could’ve prevented that situation.
D’Amour: It could be people in Project Gold thinking the same reason, because everyone knows the program is about sexual exploitation. So when they hear sexual exploitation automatically they're going to think, "Oh, she prostituted herself’....but it's not necessarily if you're exploiting yourself. You could've been at risk so they stopped the problem before but you know that's why people are just going to think things they hear. Like when I tell people I got to Project Gold they'll be like, "What's that?" and I'll be like, "A program." I'm not telling them what it's about though.

Big Daddy: I tell people it's a place I work at and intern, that I get my hours.

Wolfy: That's what I say too that it's a place I get my community hours

D’Amour: I say it’s a program I need to go until I turn 21

Peaches: It's not like I don't have a problem telling people I just don't want people all up in my business with questions because if I tell people why I’m here for they'll be like, "Why? What happened?" So I be like…

D’Amour: Yeah, I'll just be like I'm here until I turn 23 so they think it's a bad program. They think I'm serving time.

Co-researchers explained that they often attempted to cope with judgement by ignoring negative messages:

Nanu: Don't be so hateive cause I'm not going to pay you any mind and I'm just
going to keep going, because I have to get somewhere with life. And it’s like, why are you so worried about the next person instead of bettering yourself? What is wrong with people? I don't know, but I’m done trying to figure that out. I need to work on my stuff.

**D’Amour:** If you want to see yourself happy, okay, I'm sorry, but I've got to say that. If you want to see yourself happy you won't give a damn what others think about you.

Co-researchers also reported coping by using criticism as motivation to succeed:

**Savage:** Let me tell you something. It’s a lot of people right now that I know from middle school and elementary who I thought were going to be nothing and they’re some people. So let people think that about you. Let people call you a nerd. When you grow up show them totally different. When you finish school, they’re going to be still sitting there in school.

**Nanu:** Listen, listen. All right, so [redacted] was like – she was like, "Can you help me with the bra?" Then she goes, "Oh, I'm sorry." Then she leaves. Then I'm like, "How do I put on my own bras? How do I put my own bras on? You act like I go around titties all flapping. No. Hello? You act like I can't do nothing." So I'll be having to prove myself.
Survivors explained that they often felt labeled and judged by people in their lives. In particular, they felt they were stigmatized on the basis of past experiences, physical appearance, or ability. They reported that they avoided this feeling by intentionally omitting information or lying in social interactions. Further, they coped with judgement by ignoring negativity or using criticism as a source of motivation.

*Category Three: “You have to stay true to yourself”*

This category refers to co-researchers’ concerns surrounding their self-image. Co-researchers reported that they received overwhelmingly negative feedback regarding their bodies and abilities. This feedback was received through various avenues, including personal criticism and larger cultural messages:

*Nanu:* And, the way, you know, people give labels, and yes they do. It's sad and it's a messed up world. And like right now if I had to go do plastic surgery and I’m like ‘I don't want to fix my face I love myself the way I am. I don’t gotta fix my face just to please other people so they can be satisfied when they look at me.’ But it wasn’t even that, it was that I’m good, like I’ll die if I don't get my nose fixed because I have like complications in my eye. So, I just don’t want to go through it, but I have to, I have to, but I know I do, like that’s the deal.

*Baby Red:* I have to say that everybody know that I'm overweight so you know I get judged a lot. So people will be like, "Oh, you're overweight so that makes you ugly." People be like, "Oh, you fat so you this. Oh, you're fat so you're doing this.
Oh, you can't wear this. You can't have that." I get judged a lot; just because I'm fat, I get judged. And I feel like the inside, it don't matter how I look on the outside because on the inside I feel like I'm a beautiful person. It's like I go to a public school so it's like I do the most simple thing, like turn the corner the wrong way, "Oh, look at her. She ugly." They just looking at my body. They're not looking at my face, and I feel like people are wrong for that. I don't like that. I don't go around tell you your momma ugly.

_Nanu:_ Even though we do live in a more visual world, who cares? Are you really happy with yourself? No, because you keep watching Beyoncé and everybody is looking at Beyoncé, so what? You're gonna feel low because everybody's looking at Beyoncé? No.

Many of the negative messages received by the youth reflected gendered criticisms about their functioning as young women in society:

_Nanu:_ I don't know if men are intimidated by strong-minded women because it doesn't only go on…it goes on around the world, the whole…

_D'Amour:_ I think it makes them feel weak to have a bold woman.

_Nanu:_ Yeah, I guess I kind of like demasculated him in a way but it wasn't like I'm demasculating you. It's like come on, I'm trying to help you get to where I'm at.
Nanu: I don't understand it like I get complimented by guys all the time and it's like sometimes I'm really rude because I may be going through something so it's like, "Damn," they say just like stuff and then I get irritated and then I'm like, "Shut – you're disgusting. Just stop it," because it's like I don't want somebody to be like, "Oh, that fat ass," or "Oh mommy got something," or like, "Damn, with your cute self," like no. I want to hear my mind is beautiful, you're a beautiful person, what you do, I like what you do, your heart, all that kind of stuff, like more internal things because what is outside is just what? It's just to help you get to where you have to be and it's just protecting you.

Co-researchers explained that they combatted negative messages by engaging in “self-love” behaviors, such as positive self-talk, taking selfies, and ignoring criticism:

Baby Red: I feel about that like. I don’t know how, like, he right. When you look at yourself, you might think you pretty but the next person might think you ugly.

Gege: People must think that you are ugly and you are supposed to tell yourself, I am beautiful and I am worthy.

Nanu: But you can't let that stop you. You have to stay true to yourself. If you lose who you are, then what people say, you start to believe. So you can't lose who you are in the midst of it. Like, I don't care what you say, I'm still beautiful. You can say what you want. What about you? What you got to say about yourself?
**D’Amour:** Self-love is the best love.

**Baby Red:** Okay the other person might think I'm ugly, but to me personally, like, I get comments almost every day cause I'm heavy-weighted. So its like she’s heavy-weighted, she's ugly. So it's like, oh well she's ugly as hell because she's not skinny. A lot of people expect you to be skinny and pretty. Me personally, I'm big-setted, ok, but I’m still pretty.

**Baby Red:** When I feel like I'm looking pretty, I take a selfie. I feel like – if I look in the camera and be like ooh I look pretty, I take one.

Survivors reported that they often received negative messages that impacted their perception of themselves. In particular, they reported criticisms related to their physical appearance and often gender-specific. They reported coping with these messages by engaging in “self-love” behaviors.

**Theme Four: Sexual Exploitation**

This theme encompasses the experiences of co-researchers as victims of sexual exploitation. More specifically, youth discussed their entrance into the world of commercial sex, which often occurred through force, fraud, or coercion by a trusted adult, or as an attempt to meet basic survival needs. The experience of sex trafficking was uniformly described as painful and disempowering.
Category One: “I thought sleeping with people would help me find the love that I was looking for...”

Co-researchers acknowledged that certain factors, including childhood trauma, made them vulnerable to exploitation:

**Baby Red:** And what brought me here, what brought me here is because I thought, I ain't going to lie, I thought sleeping with people would help me find the love that I was looking for that I had never like...I never felt love from my momma, my daddy was never around, my sister is the only true person that really showed me love but she's too young to understand what I've been through in life. And I feel like, okay, I feel like my life is like real messed up...

**D’Amour:** I'm like, okay, I want to feel accepted. So I took it as if I'm going to have sex with him because that's what I used to think all boys wanted. So it's like I would give myself; that's how I was, because I thought that's what everybody wanted, sex, sex, sex, sex, sex, sex. That's what I thought.

Generally, youth explained that their past experiences of abuse and neglect made them more susceptible to sexual exploitation. They described seeking love and approval from others who ultimately took advantage of their trust.
Category Two: “That's just how you survive”

Some co-researchers described working with a “pimp”, who facilitated the sale of commercial sex and profited off of the transaction. Others explained that they did not work with a pimp, but rather engaged in commercial sex in order to meet their survival needs. In either case, co-researchers described feeling as though they had no other option:

**Big Daddy:** I got here for human trafficking. Ain't nothing to explain.

**D'Amour:** Okay.

**Peaches:** So basically this describes everything; you're trapped…

**D'Amour:** Except I didn’t have a pimp…

**Big Daddy:** No, I had a pimp. That's why this picture is Big Daddy's and not yours.

**Baby Red:** I mean when I went through that I never had a pimp.

**D'Amour:** Yea, I was my own boss. the only thing I can't relate with is I never had a pimp. I almost got pimped when I got kidnapped but he was a dumb pimp, like what pimp let your prostitute tell you where to pimp? It ain't make no sense.

**Peaches:** That would've been cake right there. I would've got out fast. But nah, I had, I was, look…

**D'Amour:** That's how I got away. But yeah, I never had a pimp but I can relate to the sex trafficking story and I don't like it at all because that's just how you survive when you…

**Peaches and Baby Red:** Ain't got nothing else.
While some co-researchers described being forced into commercial sex by an exploiter, others reported that they exchanged commercial sex in order to meet basic survival needs. In both cases, survivors described the experience as one in which they felt helpless and trapped.

*Category Three: “I had a lot of like pain and it was terrible”*

The process of engaging in commercial sex was described as painful and traumatic. Co-researchers elaborated upon their feelings in response to having their boundaries violated:

*Big Daddy:* Well that's like when I was a female, I was in sex trafficking and when that happened, you know, I wasn't chained up or anything but it's the moral of the story that kind of…

*Lily:* You trapped.

*Big Daddy:* You see how she's bleeding and stuff, I had a lot of like pain and it was terrible.

*D’Amour:* Yeah. I was 12 years old and it just don't feel right having someone else touch your body every night.

*Peaches:* Different people.

*D’Amour:* It don't feel right having different people. And then some of them were the same.
Lauren: ...So it's the feeling of being trapped, right?

Big Daddy: But in a sexual way.

Survivors described the experience of being sexually exploited as painful and terrible. They further described feeling trapped and violated. Survivors explained that their previous experiences had made them susceptible to exploitation, as they found themselves seeking love and approval from others. While some youth shared that a trusted adult sold them into the underground sex economy, others described engaging in commercial sex as a means of survival. In either case, survivors described the experience as painful and traumatic.

Theme Five: Building Resiliency

This theme focuses on the pathway to building resiliency for co-researchers, who were able to identify factors that helped them re-gain a sense of hope and purpose. As they moved towards recovery, co-researchers identified several sources of strength and support. These categories included religion, motherhood, social support and responsibility, agency and healthy choices, the development of internal awareness, and positive coping.

Category One: “I'm a woman of God”

The process of recovery and rehabilitation was often compared to the process of religious rebirth and redemption, in that co-researchers forgave their pasts and
constructed a new reality:

_Nanu:_ And so it takes steps before – how does it go? Before you run, you've gotta walk. Before you walk, you've gotta crawl. Before you crawl you've gotta be born again. So we're born, we're living already, but we've gotta rebirth into a new life…it's like whoa, like I'm not that person that I used to be. I don't even get thoughts of going back to that person that I used to be because I changed completely and I was rebirthed again.

_Savage:_ Cause it's so much dark stuff going on. See what he did at first was he washed it. He wanted to clean it up. This time it’s worse, cause he’s going to set it on fire. It’s gonna burn.

_Nanu:_ If you do give your soul, you can still get it back.

Co-researchers endorsed spirituality as an important source of strength and resiliency. They explained that their relationship to God provided them with a sense of connection and safety:

_Savage:_ But if you're a child of God, and all you, see right now, I ain't no Christian, I ain't no Baptist, I'm not none of that, I'm a woman of God. You feel what I'm saying?

_Nanu:_ Yea, you have a relationship with God.
Savage: I have a relationship with god. I have faith and that's all you really need. You hear what I'm saying? He don't want you to go finding out clues about him or about demons or about this or about that because really he not going to do that. He's our dad.

D’Amour: Yes, just to see the true colors of life and the people that’s in your life because God was throwing me so many red flags, but I was so blinded because I was looking at people instead of having my spiritual connection with God. I didn’t have no spiritual connection with God, which I think that’s why I didn’t notice the red flags. I believe in God, okay, but I didn’t see those connections and the way that God was trying to connect with me. But okay, I feel as if I was pushing God away when he was trying to build me. I mean I seen all my doors to success but it was people right there.

Further, co-researchers found a sense of community within the church, allowing them to feel more connected to others within and outside the community of faith:

Savage: …He said, you don't sit there and judge those people. You sit there and you look at them, and you respect them, you keep it moving. You feel me? You have to, you respect other people, that's like you respect your neighbors. Your neighbor could be sitting up there doing Voodoo in their house. But guess what, you still gotta respect.

Nanu: You still got to love them. Love them. That's one of the commandments.
Love your neighbors and love your enemies.

_**Savage:***_ That's what I'm saying, you can't judge them.

_**D’Amour:**_ You can find support at a church. You got God. We got God, trust me.

Church. You can pray.

Religion and spirituality served as protective factors by providing youth with a sense of connection and safety. By connecting to their faith, co-researchers found they were able to build their social support network, increase their sense of self-confidence, and find redemption.

*Category Two: “My child is my motivation”*

Co-researchers shared that their acquired role as mother forced them to re-evaluate their priorities in order to provide a good life for their offspring:

_**Ty:**_ I got a one-year-old that I’m trying to stay here for, not try to see him every other week or every other month behind prison walls. That’s not how I want my son to know me as… So it's like with that, I have to keep my priorities up to date. I have to make sure he's good, make sure I'm good, make sure my laptop is around me damn near 24/7 so I get to school and do everything I need to do.

Co-researchers explained that their primary concern, as related to parenthood, was to ensure that their children did not have the same negative life experiences they had:
**Lily:** … To prevent my baby from going through what I’ve been through hell yeah, I’m gonna do that. I promise you that… I just wanna make sure that my child never has to go through anything. I wanna make sure my child is healthy, has a home that they can call home, that they can go to, that they can rely on to always be there. Even if one day they don’t wanna come back I promise you my house, the way it’s – the environment it’s gonna be in, they’re gonna wanna come back to me, because it’s gonna be a positive environment for them.

**Ty:** Yeah, I was just saying with my son, my child, teach him right from wrong, even though he’s only one. He’s just like, just to have him knowing it, so he’ll know what to do and try to keep him from pretty much like she said, going through everything I already been through; try to keep him around positive people, no abusers or none of that. And try to raise him in a home that he ain’t gotta go from home to home every year or go from friends here, or friends all the way in New York, or friends all the way in Texas and have to pack up and leave again the next year. So try to prevent that and give him a good environment to grow up around, and try to keep him away from all the gangsters and thugs and stuff, because those could be a bad influence….

This sentiment was felt more broadly, as co-researchers expressed a sense of responsibility to protect the younger generation. This movement was viewed as one that could start within their homes and branch outward:
Lily: Not even my baby. I’m saying everyone in general. I would never want anyone to have to go through what even ever – and anyone else I’ve gone through, not just me. Yeah, I’m just saying if I could prevent that from happening, if I could change the way …

D’Amour: The world.

Lily: how they react, how people, how everything, because I can’t change the whole world. Nobody can, but we can start…

D’Amour: Somewhere.

Lily: We can start somewhere. We can start by you know –

D’Amour: Starting off with home.

Lily: Teaching them how to react, how to act.

D’Amour: Yeah….

Ty: Raise a gentleman, not a gangsta.

Survivors explained that their role as mother pushed them to initiate positive life changes. They found that the responsibility of raising a child forced them to evaluate their circumstances and actively seek alternative paths that might allow them to serve as role models to their children.

Category Three: “People create their own families”

Co-researchers shared that social support played an important role in their process of recovery. This support often came from family members and friendships formed within communities such as church or school. Strong social support was viewed as an
important asset to coping with life stressors:

*Lauren:* So then where can you find support? If you feel like you don’t have any, where can you find it?

*D'Amour:* You can find support at a church. You got God. We got God, trust me. Church. You can pray.

*Wolfy:* Your mother.

*Baby Red:* But sometimes you can’t turn to your momma. Like right now I can’t turn to my momma.

*Big Daddy:* I honestly believe there is a never a time when you can’t turn to your mother.

*Savage:* That’s a real friend. You can tell her, give – I could give you my card, tell you to go pay my bill. I know you not finna do nothing on my account. I know you’re not gonna touch it. That’s a real friend and you could call somebody like that family, basically.

*Nanu:* I don’t think fam – well we’re – we don’t choose what family we’re born into but we do choose where we go from there and people create their own families, like street families and relationships with other people that are kinda like family, that you know, they get close with them and they’re like another mother to them
Gege: Sometimes people just need…

Ty: People need that person there

Similarly, co-researchers found a sense of belonging amongst each other, providing one another with support and compassion:

Lauren: Is that something that other people experienced at some point as well or can relate to?

Big Daddy: Yea, I mean, I don't know. Can you guys?

Nanu: Yep.

D’Amour: Yeah.

Lily: Yea.

Lily: I always listen when you speak….

Nanu: That’s something I’m working on too. Be the listener, not the speaker.

D’Amour: My response is I know you can be great and I know you have a good future. Congratulations that you know. You are very, very smart.

Baby Red: You are very, very strong.

Nugget: The path that I went down, it's not a good path, because at the end of the day, I'm still embarrassed of my situation, because of the simple fact that I have to do DNA with the both of the boys, because I don't know who the baby daddy is…

Wolfy: That's not embarrassing…it really isn't…

Nanu: Yeah
**Baby Red:** Personally I feel like nobody really wants to see me happy.

**D’Amour:** I want to see you happy.

**Gege:** Listen to your story and listen to Nugget’s story. You're strong and just as well as I am. You see what I'm saying? We've both been through so much in life and we trying to overcome it. All I can tell you is to take one step at a time. Like, don’t rush it.

**D’Amour:** But you can never give up, because you have to look at that picture of your sister – the picture you showed me. And you have to not give up. And not even just for your sister, for yourself. Because God wouldn't want you to give up.

Co-researchers found playful ways to interact with one another and relate through shared experiences and humor. This levity served to lighten the mood during more difficult conversations:

**D’Amour:** But why I'm getting one size smaller pants for, to walk around [gasps] suffocating? Obviously I'm gonna try to lose the weight to get in the pants. Everyone knows that. Who's gonna try to put on tight-ass pants? I know I won't.

**Nanu:** Actually, I put on some pants, and it wasn't tight, but I kept pulling 'em up until I ripped them pants.

**Gege:** I ripped my school pants that's in my book bag right now. They're too big. But I ripped them at my performance.
Nanu: At what performance? [Laughs]

Gege: I ripped them at my performance [Laughing].

Nanu: How’d you rip your pants? Were you dancing? You were getting down. You dropped it like it was hot.

Gege: No, I was trying to keep pulling them up. I kept pulling them up, and they ripped.

Nanu: Oh, my nails ripped mine.

Gege: No, mine literally ripped right here, though.

Lauren: We're way off of topic right now.

Nanu: I ripped my pants. [laughs]

Gege: [Singing] And I ripped my pants.

Big Daddy: Um, can we change the conversation?

Lauren: Yeah, if you want.

Big Daddy: Yeah.

Baby Red: We should have a safe word in this group.

Lauren: Like what?

Baby Red: Pineapple

Lauren: Pineapple?

Baby Red: Pineapple.

D’Amour: I'm glad that you shared that. Thank you.

Lauren: Yes, thank you.
Social support served as an important facet of resiliency-building. Co-researchers explained that they were able to rely on close friends and family members throughout their process of recovery. Additionally, they provided one another with support and encouragement throughout the entirety of the project, further enriching their social support network.

Category Four: “Being a role model is a lot of responsibility”

Co-researchers explained that acting as a role model to the younger generation motivated them to make positive changes in their own lives. Their role as a mentor was viewed as an important responsibility to that motivated them toward recovery. Further, co-researchers expressed that they gained a sense of satisfaction from this responsibility:

Ty: you got to lead a better example to show them that even though y'all went through this and everything went downhill at one point, you made it back to the top like.

D’Amour: It’s not even them. It’s for the generation because the younger kids are the next generation.

Lauren: And so how does that affect your lives then, having somebody that you need to kind of model good behavior for?

D’Amour: A lot of responsibility, a lot of responsibility.

Baby Red: No, it is a really big like a really big step because there’s certain things that you can’t do that you want to do…
**D'Amour:** It’s actually an honor. I call it an honor. I don’t call it all that other stuff. It’s an honor for my little brothers to look up to me because I never had nobody who look up to me. From the person I was before to the person I am now, it feels good to have actually two people who look up to me and it’s boys that look up to me so it’s my brothers.

In particular, co-researchers focused on their commitment to modeling good behavior for their younger siblings. This included making positive changes in their lives to better serve their role as older sibling:

**Gege:** And it's like now my 13-year-old sister is like – she's just like me. That's why I say the cycle has to stop with me because I don't want that like you know she disrespect to my mom so they can look at me like, "Oh well she did so I can do it.”

**Baby Red:** Yeah because they look – everybody look up to me and my sister so by me doing bad they be like oh, we’re doing this. So I mean Baby Red be doing this. Let me do this thing. She doing that so let me do this.

**Ty:** I told them that I have to go to better myself so y'all can come to my new house and stay the night and everything
Sometimes the responsibility of acting as a role model to younger siblings extended beyond modeling good behavior and into explicit limit setting. Co-researchers sometimes took on the role of disciplinarian in order to protect and educate their brothers and sisters:

**D’Amour:** Because even though my little brother is not my child, I still try to teach him right from wrong.

**Ty:** Like even – even with my two little sisters, like those two are my heart, like I’ve been there since they went with both of them; even my little white chick. But even with both of them there, like they have their ups and downs with school. I ain’t gonna lie though, I got ghetto. I went to the school; you know, one of them parents that take their kids in the bathroom. I was that person, even though they wasn’t my kids [laughter] and said some things that I shouldn’t, did some things that I shouldn’t, and made them go back out there.

**Nanu:** So I'm trying to like push my sisters right now. Like one of my sisters right now she didn't graduate this year because like she was still like…I don't know if she's going to graduate because she was still like being a so-so like walking off the school property going down the street to go see my old dog. So I'm trying to like get her to understand like that's not okay to do. Like she was like, "Well you used to do it when you was home. You used to leave home without telling no one." "Like that’s home though. This is school where you have to go get an education to better yourself. I want you to go to college." She was like, "What is
college?" I had to explain like college is something that's going to go get you to the point that you could buy everything you want. You could a house, you could buy a car, you could a buy a five-, six-story building. Just like this [snaps fingers] you can become a lawyer. Have a big family, a big circle table in the middle of your kitchen." So she was like, "Yeah I want that." I was like, "Well then you need to go to school and get them A's and B's and maybe get rid of that, get extra work or whatever it is. She was like, "Okay."

**D'Amour:** Because my brother tried to beat me yesterday. I said I'll teach you don’t hit any damn woman. I whooped his ass. My baby brother, he used to choke me. I had to teach him not to hit women. Even though he two, I don’t care.

Co-researchers explained that their roles as mentors to younger siblings were reciprocal in nature, as they found a source of social support and connection in their relationships to their siblings:

**D'Amour:** I've got this song I'm working on now. The instrumental goes good with it. Verse two... I don't know, I have a rap to it. But then it's like, I don't want to rap it; I want my brother to rap it. Because my brother is learning how to write, like me. And my two older brothers, they write. And my brother has songs. He already has songs out. And my big oldest, oldest brother, his dream is to be the first male rapper on some NFL thing that he was talking about. I forgot. So all the
kids love – I mean, all the kids – all my mama's kids love music, and all of us write music, except my baby brother. He like listening to music.

**Baby Red:** I feel like my if sister wasn’t here, I'd be like dead…I could have did a lot of shit just to be gone from this world. But my mama has my sister and then I seen with my mama and in my life..just came to me and just, like, it's like, damn, I gotta do it for her. Because my mama ain't gonna do it for her. My mama don't do shit for her kids. My mama in the club every weekend, every day. My mama don't do shit for us.

In addition to serving as a role model to their children, co-researchers expressed a sense of responsibility for other youth in their lives, including younger siblings and family members. This responsibility pushed survivors to consider their actions in light of how they might be perceived by their mentees. As a result, they made choices consistent with their desire to serve as a positive role model.

*Category Five: “We have a free will to make choices”*

This category refers to co-researchers’ focus on choice and free will. More specifically, youth expressed a sense of agency over their lives that helped them to make positive changes in the interest of their recovery:

*Nanu:* Anything can be thrown at – come your way and it's how you choose to handle it.
**D’Amour:** Even when you're born, you have a free will to make your own choice. You have a choice to cry. You have a choice to pee right there in your pants even though you know you're potty-trained. You have the choice to get out of the bed when your momma says get into bed. You have a choice all your whole life. Even from the day you're born, you have choices to do whatever you want to do.

**Nanu:** I mean, I've hung around prostitutes and I've sold crack and I've done... but I've never smoked crack, I've never injected heroin, I've never prostituted myself a day in my life. And I could be around it but, I always put in my head that I will go to Hell and all of that shame, shame. And I'd be shamed. And I don't want to be shamed by it. But that was my choice. So...

**Savage:** Thank you! It's all free will of choice. Anything you do, it's all your choice. You can't blame it on this person, that person, no spirits, no demons, no God, no Devil. And that's what people do a lot now these days. I've realized that, I've really realized that when you realize certain things and separate yourself, your spirit is way stronger. You can really fight off all of that. It's really a spiritual war. It ain't no... you think we fighting right now that's a war. But no, no it's not. It's a spiritual war. You feelin' me?

Co-researchers explained that this realization had a transformative impact on them, helping them to take steps towards self-improvement and stability:
Nanu: If you don't shift your thoughts…and actually want to change you're not gonna get no change in your life at all so what are you really doing with yourself? You're saying that you want to change but you're not changing… That's like me saying I want to work out, I put on my yoga pants, I put all these clothes, and I go to Bayside and I buy some Hot Cheetos and talking crap, laughing and throwing up because I'm not even supposed to be eating Hot Cheetos. And it's like, "Yeah, I got my workout today and my stomach got hard core from throwing up." It's not like I really wanted to work out because if I did I would push myself to do that.

Gege: If you put it in your mind it's gonna be a bad day, then it's gonna be a bad day. If you put it in your mind it's gonna be a good day, then it's gonna be a good day.

Lily: The way you see things, you're gonna make it like that.

D'Amour: I'm sorry. You have to make it for yourself. I'm not saying that it's being hard on you, like they don't care, duh, duh, duh. I'm saying that when you grow up who gonna be there to sign your college papers?

Baby Red: Me

D'Amour: You. Who gonna be there to get your job? You. Who gonna be there when you pushing your child? You and your baby's father. I'm just saying who's gonna be there when you have your biggest challenges in life? Your mother made it by herself before then now you have to take it amongst yourself to do it yourself. Not everyone is going to be there for you. You are turning 16, you're
becoming a beautiful young lady, and eventually going to become a woman so you have to learn to do it on your own because everyone is going to talk and everyone is going to do whatever they want. So at the end of the day you've got to do it for you, not others.

Survivors shared that they benefitted from acknowledging their agency. Oftentimes, their experiences made them feel that they lacked power and control over their own lives. When they were able to recognize areas in their lives where they could exhibit free will, they felt empowered, self-efficacy increased, and they moved towards recovery.

*Category Six: “Whatever my mind told me to do I would just do it”*

As co-researchers advanced in their recovery, they acknowledged that they developed a keener awareness of their internal processes, including thoughts and feelings. Introspection and mental health services allowed them to develop insight with regard to their behaviors, so they could make positive changes. Youth acknowledged that this represented a departure from their previous functioning:

*Gege:* I have to start somewhere, because like at the time I wasn't happy with myself and the decisions I was making like I would do it, but I won't think about the consequences when I'm like doing it. I was just whatever my mind told me to do I would just do it without even thinking. So now it's like I have to think and then do it.
D’Amour: Yeah because I was living in fantasies. I was living in this fantasy like … I was living the life. I was good. I was going to parties. I was jamming…I was going to clubs. Tell me how I’m getting in clubs but I was going there by myself. By myself – 14 I’m coming to group Girl, yes, I went to the club, had my little orange juice or my little grey goose juice.

Ty: Because like last time me and him talked we had got into a fight, into one big-ass argument to the point that I was just like, "Fuck you" and me forgetting that he has strokes and seizures and all that I was like, "You're going to croak one day and you're going to think about me and think about all the shit you did," and then a week later it happens. So now it's on my conscious like. My conscious is killing me right now like, "Damn only if you ain't say that" and now damn is he okay in the hospital? Is he going to make it out of the hospital? How's he going to be able to get rid of the blood clots in his brain?"

Co-researchers gained insight into their internal processes, in part, through engagement in mental health services and talk therapy. This allowed co-researchers to learn about their mental health diagnoses and relevant symptoms:

D’Amour: Somebody approached me. The fact that I’m a very nice person. Y’all could tell because I come here with a nice – unless you see me quiet, okay, you don’t have to mess with me. But I come nice. I come laughing. I always have a
smile on my face. I don’t mess with nobody. I’m friendly with everybody. But for somebody who had the audacity to approach me and ask if I have a problem. Yes, baby, I have a problem. I have ADHD and I’m depressed and I’m homicidal and I will kill you, now, so please approach me. That’s how I am. Don’t approach me. What you approaching me for?

_D’Amour:_ She diagnosed me ADHD. I have the two types. I forgot.

_Lauren:_ Inattentive and hyperactive?

_D’Amour:_ Yes, ADHD, depression, bipolar

_Ty:_ I got that one and that one.

_Gege:_ Well, I take medicine for both of them.

_Baby Red:_ I’m depressed.

Co-researchers found that they were able to connect their experiences of difficult emotions to specific experiences. They also found a willingness to acknowledge vulnerable emotions, such as sadness, pain, loneliness, and helplessness:

_Nanu:_ …So my homeboy said it sounds like you want a companion, you lonely as fuck. And I said, What? Excuse my French. And I said naw it’s not that, and I said you know what it might be. And I said, I didn’t wanna put it that way.

_D’Amour:_ My big brother that’s in jail, I read his book…and when I read his songs, I knew I could tell how he felt. And by reading that he was, like, he
seemed like he was depressed. He felt, he felt alone. And I know that's how I felt before. I related to the lyrics.

**D’Amour:** Because when you home or you’re at school you don’t feel how you want to feel. When you know you don’t feel something even if it’s a bad happy. You going to feel like okay this is what’s making me happy. Either if it’s good or bad. Healthy or not. We feel like that’s where we need to be.

Co-researchers acknowledged the role that negative emotions, such as stress and depression, can play in triggering maladaptive behaviors:

**Gege:** Yeah because if you're depressed you don't want to eat.

**Ty:** It's like now – when you're depressed you don't want to eat.

**Gege:** You just sit there all day and just look at TV and when you do that you just sleep.

**Nanu:** Stress, stress can cause you to lose weight. I just found that one because it triggered my thyroid and I was like what’s wrong with me.

**Gege:** And yeah depression will too.

**D’Amour:** My stress level been to the point I started back on my pills. And I know that I'm depressed, and I have stress because…I started right back on them.
Further, co-researchers explained that they developed insight into their thought processes, allowing them to become less reactive and more able to appropriately respond:

**D’Amour:** I’m the kind of person that I overthink things. Like I’ll think you’re sleeping with your older sister. Yeah, there was this time I think like there was this time I thought he was sleeping with his sister.

**Nanu:** I didn’t want to be alone. I didn't want to talk to myself because I was losing it myself, but now I can talk to myself because I'm back at a happy place. Except, like, before it was hard. It was like you need somebody to talk to not just to keep it all in because I was terminating the whole world. I was going to do it. I had the plan, I knew how to make the bombs, I knew how to take over everything. But I was going to do it slowly, 1-by-1, and it was like, "Whoa, where the heck am I going in my head?"

As survivors gained insight into their internal processes, they found themselves better able to respond to situations in a productive manner. Understanding the connection between their thoughts, feelings, and behaviors helped them to modulate their emotions, curb impulsive urges, and respond to others effectively.

**Category Seven:** “You gotta have more than one coping skill”

Co-researchers explained that the acquisition of healthy coping skills helped them to better manage adversity and negative internal experiences. They focused on identifying several different coping avenues, such as connecting with nature and music, removing
negativity, engaging in meaning making, maintaining a positive attitude, and participating in artistic expression. In particular, co-researchers expressed a sense of calm when they connected with music and nature:

**D'Amour:** You gotta have more than one coping skill. And you gotta have positives – some people have positive and negative coping skills. I have both.

**Nugget:** But anyways, it relates to me because it makes me calm, like when I’m depressed and stuff I just go outside and sit on the porch and look at this very little pink flower.

**Nanu:** I go to like Bayside and like go to the beach and look at something else. It’s kind of a visual kind of thing since she looks at flower. For me I just, I have to walk it off since I have a lot of energy so I don’t know what to do so I’m here and there, here and there, so I just have to walk and then I like viewing stuff. Art and buildings. Downtown, you know, walking through the street just seeing all the art. The Overtown art, the Wynwood art, Midtown art… Everywhere got art.

Co-researchers explained that removing themselves from toxic and negative relationships allowed them to better cope with life’s difficulties:

**Gege:** It's like the negative, I'm starting to feel like I don't need to be around negativity and I told my mom this today. I called my fam, my grandma. I called all of them on the phone today and I had them on speaker and my words today
was if y'all gonna be negative with the word that come out your mouth, then I
need to remove myself, because the negative is not gonna get me nowhere. It's
gonna make me depressed. It is gonna make me feel down.

Lauren: So how do you deal with those people that don't have your best interest?

Nanu: You don't deal with them. You let them be them, because if they're gonna
go up, you let 'em go up. If they're gonna go down, you let 'em go far down. You
let them be down.

Savage: And that's the part about being a grown woman too, because then you
can sit there and realize like how this person’s character is, and it’s up to you if
you wanna deal with this person or not.

Sometimes, critical relationships were used as motivation to make positive life
changes:

Gege: And sometimes they can go back in my past and say, "Well, you did this so
you ain't gonna make it." I push myself every day. When I wake up, I push myself
to do better so I can prove them wrong.

Co-researchers also acknowledged that they were able to make meaning of their
difficult life experiences and use them as opportunities for growth and learning:
Nanu: I was doing bad. Like, I came a long way but I have such a further long way to go, like oh my gosh.

D'Amour: It's happy to see how far we've come.

Nanu: Very

Nanu: I just believe everything that happened in my life, I'm kind of like glad that I went through most of the situations that I went through because if I didn't go through the situations like who knows where I would've been? I probably wouldn't have learned so quickly and matured at the age I did and probably would've been wild and clubbing at 18, but, 17, still doing crazy stuff. But thank God I wasn't. So I just believe that it was destined for me to be here at Kristi House Project Gold and my picture just says, "I'm destined for greatness. I will arise out of this and into something greater." So there you go.

Savage: But you gotta make mistakes before you get there. You know, what I'm saying? So that’s all it take; progress. You gotta go through different, you feeling me?

Co-researchers explained that maintaining a positive attitude helped them to better manage adversity. They explained that they often coped with difficult internal experiences by through behavioral activation and expression of positive affect:

Gege: I know you don’t want to be at work right now because you look tired. I'm not going to say I'm stressed. I'm going to say I'm blessed. Because I've been
through a lot. And now I feel like I changed. I changed a lot. Because it's like,
little things that people would say to me, I would just spaz out. And now y'all just
say stuff to me, and I just be like, yeah, okay. It don't even make me mad no
more. It just like, I just laugh at everything and just keep moving. I don't even
laugh. I just smile.

**D’Amour:** We can limit our stress. Meaning, okay, stress is sort of kind of like
fear. You can sit back and you can let it eat you up, or you can jump and just see
how it goes.

**Ty:** Like Boosie said to smile to keep from crying. When I walk out of my house,
I put on the biggest smile ever. Even when I'm in my house, it's just a smile, on
top of smile, on top of smile. Nobody won't ever catch me crying.

Further, artistic expression was commonly used as a healthy method of coping
with life stressors. Specifically, co-researchers reported engaging in painting, drawing,
writing, singing, and listening to music as methods of coping with their emotions:

**Ty:** Like, I wrote 24/7 and my drawings spoke my life. I didn't draw no more
because my brother got locked-up. Then the only thing I had left was writing.

**D’Amour:** I love music. Music speaks to me, and it's my passion. It's the one that
helps me cope when I have problems. So I just that's why I have to have
headphones. If I don't have headphones, then I just don't have a life because headphones, when I have headphones, I go just block out everything and everyone.

**Gege:** Like writing is something that I do on a daily basis…I could sit down and write all day like my feeling. Like I just wrote like something like a story down…

**Big Daddy:** Well I drew it in my sketchbook yeah, but this 1 is going off Google and the one that's in my sketchbook is a little bit different because I didn't want to copy it exactly.

Survivors found that healthy coping skills helped them to move forward in their recovery process. Coping skills, including connecting with nature and music, removing negativity, engaging in meaning making, maintaining a positive attitude, and participating in artistic expression, helped them to manage internal and external negative experiences.

Throughout the process of recovery, co-researchers identified spirituality, motherhood, social support and responsibility, agency and healthy choices, the development of internal awareness, and positive coping as factors that contributed to their resiliency. These factors facilitated positive life changes and allowed co-researchers to transition from their role as victims into their role as survivors.

**Theme Six: Thriving**

The final theme, “Thriving”, refers to survivors’ capacity to engage in personal
growth and experience holistic well-being following adverse experiences. In particular, co-researchers focused on plans to achieve their future goals, including academic, career, and family aspirations. Further, they shared that they were motivated to achieve these goals despite encountering several barriers.

*Category One: “I ain't going to let nobody kill that dream”*

Academic goals included focusing on schoolwork, completing a GED, and enrolling in college:

*Gege:* You know one thing I always tell myself regardless of what I go through I'm still going to go to school. I'm still going to maintain focus in school because that's something that I want to accomplish, because my mom she didn't, she finished high school, she got a high school diploma, but she didn't go to college… I want to be the first person on my family to go to college.

*Ty:* So it's like with that, I have to keep my priorities up to date. I have to make sure he's good, make sure I'm good, make sure my laptop is around me damn near 24/7 so I get to school and do everything I need to do.

*Savage:* To get my GED, man, I was trying to get my daughter back. So it only took me a little bit, like two months.

When discussing career goals, co-researchers explored a range of options focused on their natural talents, interests, and previous experiences:

*Nanu:* I want to get into law because I'm good at that, but I also know a lot about hospital stuff. I'm an advocate, natural ability of counseling so those would be the
easiest things but I want to push myself to do something, except do you know how much books lawyers have to read?

**Gege:** Because I want to be a writer when I grow up. Well I wanted to be a writer, but it's still my goal...because I'm thinking about doing social work.

**Wolfy:** I used to be, like... the assistant...It was, like, an intern job, and then, I got to help the teacher. It was, like, a kindergarten teacher...

With regard to family, co-researchers expressed a desire to create their own healthy family units, support younger siblings, care for their children, and give back to the community:

**Ty:** I'm to the point now I want to open up my own foster home and I ain't going to let nobody kill that dream.

**Lily:** Not even my baby. I'm saying everyone in general. I would never want anyone to have to go through what even ever...and anyone else I've gone through, not just me. Yeah, I'm just saying if I could prevent that from happening, if I could change the way...

**D'Amour:** The world.

**Lily:** ...how they react, how people, how everything – because I can't change the whole world. Nobody can, but we can start...

**D'Amour:** Somewhere.

**Lily:** We can start somewhere. We can start by you know...

**D'Amour:** Starting off with home.
Lily: Teaching them how to react, how to act.

D’Amour: Yeah.

Lily: How to…

Ty: Raise a gentleman, not a gangsta.

Gege: And it's like now my 13-year-old sister is like, she's just like me. That's why I say the cycle has to stop with me because I don't want that like you know she disrespect to my mom so they can look at me like, "Oh well she did so I can do it."

Co-researchers shared that they historically felt discouraged in the pursuit of their life goals, but that they learned to seek opportunities for growth, remain consistent, and persevere in the face of barriers:

D’Amour: I didn’t see the doors. That’s the problem. But now I see all the doors. I see all these opportunities. I have performances on Tuesdays now. I have performances on Sundays. I have open mics. I have – I had a performance at the Country Golf whatever in front of over 500 people. It’s like I see all my opportunities open…”

Ty: If you want something you literally have to work hard.

Gege: You have to go out there and get it

Ty: You have to push yourself to the limit…
Co-researchers found that with determination and support, they were able to overcome hardships and experience thriving. In particular, they reported pursuing goals related to their careers, education, and family lives. They also shared that they remained steadfast in the pursuit of these goals despite encountering frequent roadblocks.

Category Two: “The kids should have voices”
Co-researchers expressed a pull to act as advocates for other members of their community. They shared a desire to support other survivors of sexual exploitation by raising local consciousness, providing supportive services to youth, creating safe local environments, and leading by example. Their previous experiences served as a backdrop against which they could identify needs and strengths:

_Nanu:_ … he was like right by my side and that's what most of the kids need. They need somebody who cares by their side, a team of people who actually care. Most case managers they just like, bam, their job is done once they clock in and clock out; that's it.

_Baby Red:_ And once they play you something it's like they don’t even care.

_Nanu:_ The kids should have voices, not the people who are up in there. I'm still – I had to take classes, really too many so I could be an advocate for the other kids because I came out of foster care. I'm still going to look into it though because there are a lot of them who – you know I've been through crappy situations throughout foster care. But they need to really give the kid voices.
Survivors expressed a desire to take an active role in advocacy and empowerment initiatives. They expressed a desire to serve as advocates and positive examples for their respective communities. This expressed desire was a source of pride and fulfillment to many co-researchers:

**Big Daddy:** I could personally see myself drawing it.

**Ty:** Yeah because it affected you got to lead a better example to show them that even though y'all went through this and everything went downhill at one point, you made it back to the top like.

**D’Amour:** It’s not even them. It’s for the generation because the younger kids are the next generation.

In sum, participants found that they were able to embrace a sense of thriving secondary to experiencing life’s hardships. They reported pursuing multiple life goals, including those focused on career, academia, and family. They also expressed a desire to serve as a voice for their communities, advocating for others and empowering themselves.

**Theme Seven: Logistical Process**

This theme differs from other themes in that it diverts from the central research question to describe the fluid nature of the research process. In particular, it illustrates the
development of group dynamics over the course of three months.

*Category One: “One at a time.”*

Many co-researchers had established relationships outside of groups. Those who did not, often shared life experiences and sometimes attempted to connect with one another. As such, crosstalk was frequent and often redirection was necessary:

*Lauren:* You guys, Nanu just dropped something deep and you guys were looking at these cupcakes. [crosstalk and laughter]

*Nanu:* Lauren, you’re the one who opened them!

*D’Amour:* No. I can remember so it was just like…

*Lily:* So to see every…to see every one that was, to see…

*D’Amour:* …I can hear her talking about us. I’m like one more person to listen how to…

*Lauren:* You guys one at a time, one at a time.

Survivors often spoke over one another and were prompted to use basic communication skills including listening and speaking one at a time.

*Category Two: “Are we done?”*

Despite frequent reminders of the voluntary nature of the group, at times, co-researchers expressed a desire to leave early, avoid participation, or speed through the
process:

**Savage:** Let me get mines out of the way. This is graduation day right here, and I
graduated, well I got my GED. I didn’t get my high school diploma but same
thing...my grandparents was there, so – thank you, so yeah, pretty much that’s it.

**Lauren:** Is that something anyone else in the group has experienced?

**Poppy:** What?

**Lauren:** When a family member has to leave for a little while? No?

**Poppy:** Leave? Oh like right now?

**Lauren:** Well she said here in this picture her sister went into crisis for four
months, so she was gone. So they took this picture together, and it's a happy
memory. But after that, they couldn't really be together for a little while. Is that
something anyone else has experienced in group? Or does it remind you of
anything? You guys are so quiet today.

**Poppy:** No.

**Baby Red:** All right, next picture.

**Lily:** Okay, are we done? I talked a lot.

**Lauren:** You did talk a lot; I appreciate it. We still need to pick something for
next week if you guys wanna be done.

**Lily:** Damn you called that quick? Ok, can we go?
Lauren: You don’t have to participate, if you don’t want. We’re gonna finish then you’re..

D’Amour: Well she’s just like listening to people’s stories.

Lily: Yeah.

Some co-researchers expressed their displeasure with group participation or a desire to leave the group, despite consistent reminders that the group was entirely voluntary.

Category Three: “Is this what we are supposed to be talking about?”

Much of group time was spent discussing logistical considerations, such as theme selection, camera access, financial compensation, which picture to discuss, and informed consent:

Lauren: Okay, so we'll keep the theme that we had this week for next week, and you guys will take pictures of that. Do you have any questions, before we finish up?

Nanu: Could I get a camera?

Lauren: Okay. So is there anything else you guys think we should say on the recorder before I turn it off?

D’Amour: No

Gege: Quickly then, before we finish up, we have three more weeks of this, right?
And that's when we get paid?

Lauren: Yeah, that's when you get paid.

Gege: Will we get paid in this month?

Lauren: You'll get paid at the beginning of July.

Savage: Is this what we are supposed to be talking about?

Lauren: You guys can talk about whatever you want to talk about.

Savage: Can we just move on to the next photo?

Lauren: You want to move on to the next photo?

Baby Red: I don't see why you don't want to talk about this beautiful picture.

Nanu: Which one?

Savage: We should move on to the next one, man.

D’Amour: We have plenty of photos.

Baby Red: You told my worker! You told [redacted]. Oh my God, You told [redacted] about our conversation!

Lauren: I told you girls that was going to happen.

Baby Red: Somebody told [redacted] I was feeling suicidal.

Big Daddy: Were you?

Baby Red: No, because it was a topic…

Logistical concerns were often discussed within the group, especially towards the beginning of the photovoice process or when a new member joined the group.
Category Four: “That's the point of this group”

As the group progressed, co-researchers began to take ownership of the group, redirecting themselves and maintaining order:

Ty: The generation that they got now is completely just like fucked up.

D’Amour: We don’t do that talk in here.

D’Amour: We been done with that picture.

Gege: We done talked about whole different topic.

Baby Red: That’s the point of this group. Okay, D’Amour go on.

D’Amour: This girl is just like, she like, my sister, and now I can't see her no more. Her my…[crying]

Lauren: What happened?

Baby Red: I think we should pause it.

Lauren: Do you want to pause it? You tell me. No?


Lauren: Do you want to talk about what's going on and we can pause the recorder?

D’Amour: Nothing. It's just, my sister in the hospital, and she told me I can't see her no more….it hurts that I, I can't help her no more. That her mama just throw me under the bus like that.
**Gege:** Can we pause the tape?

**Lauren:** Yeah. You want to pause it?

**Gege:** She said no

**Baby Red:** Pause it though. *(Tape paused)*

**Baby Red:** Y’all don’t understand it though. We ain’t here to criticize people.

Y’all don’t understand.

**Nanu:** Listen, we're talking about the picture of what got them to Project Gold.

We're not going to criticize people in their picture.

**Big Daddy:** It's still a nice picture, though.

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Crosstalk occurred frequently during group, and occasionally required redirection. Group members sometimes expressed displeasure in attending photovoice group, although they were frequently reminded of the voluntary nature of the project. Group time was sometimes spent on clarification of logistics, group rules, and expectations. As the group continued, survivors began to take ownership of the group, redirecting one another in order to maintain order.

**Grounded Theory**

The use of grounded theory analysis allowed for a deeper exploration of themes derived from photovoice discussions. From this work, a substantive theory emerged that described the experiences of co-researchers. The theory was collaboratively constructed with co-researchers, who contributed to the development of themes and categories, approved the highest level of abstraction, and helped structure the final substantive
model. Co-researchers were provided with index cards, each yielding one theme that had emerged from the research. They were asked to sort the cards into groups of themes that “fit together”. These piles of index cards were then laid out in a manner that represented the chronological experiences of co-researchers as they progressed in their recovery. This exercise served as the basis for *The CSEC Model of Exploitation*, which contextualizes the experience of sex trafficking by situating it between two dimensions: vulnerability factors, which may have increased risk for exploitation and resiliency factors, which may have contributed to recovery and growth. The final level of abstraction represented a shift from co-researchers’ language to language grounded in psychological theory.

In particular, the model relies on Carver’s (1998) model of thriving, which differentiates between the concepts of “resilience” and “thriving”. Following exposure to trauma, some people continue to decompensate or function with significant impairment. In contrast, others are able to experience a homeostatic return in functioning referred to as “resilience”. The term “thriving” refers to a condition in which one experiences positive growth in response to an adverse event. People who experience thriving often report a growth in knowledge, skill, and confidence following exposure to a traumatic event.

The six families of themes incorporated into the model include *Risk Factors, Push Factors, Maintenance Factors, Childhood Commercial Sexual Exploitation, Building Resiliency, and Thriving*. These families suggest that the experience of sexual exploitation must be understood within a larger contextual framework, where marginalized youth are likely to encounter life experiences that increase their susceptibility to commercial sexual exploitation. The experience of exploitation leads to
further marginalization, making escape and help-seeking behaviors difficult. As such, survivors describe feeling “trapped” or “stuck” in the cycle of exploitation. Following exposure to affirming life experiences, survivors demonstrated the capacity to build resiliency and construct meaning. Some survivors described a feeling of personal growth following exploitation, contributing to overall well-being and thriving.

Survivors reported that, as young children, they encountered various difficult experiences, collectively referred to as **Risk Factors**. In particular, they described unstable family systems, which were characterized by poverty, abuse, neglect, and substance use. As a result, many youth became involved with the state dependency system, either moving between foster homes or living with an alternative guardian. Co-researchers explained that these experiences left them feeling unsupported, isolated, and unsafe. In foster homes, youth continued to experience physical, sexual, and verbal abuse. At school, many youth shared that they felt unsupported and unsafe in their interactions with peers, teachers, and administrators. Their sense of isolation was compounded by frequent experiences of trauma, violence, and loss.

Co-researchers explained that in order to cope with life stressors, they often engaged in risky behaviors, collectively referred to as **Push Factors**. Youth explained that, as a result of their experiences, they often withdrew socially, furthering their sense of isolation. Seeking to feel less isolated, many youth found themselves in romantic relationships that were characterized by emotional, physical, and verbal abuse. These relationships mirrored abusive dynamics that originated in youths’ homes. Oftentimes, youth engaged in unprotected and risky sexual behaviors with their partners, leading to some unplanned pregnancies. Additionally, risky behaviors such as substance abuse,
running away from home, and suicidal gestures were described as methods of coping with emotional distress. These coping methods were effective in that they helped co-researchers to temporarily increase their sense of connection and agency. They were ineffective, however, in maintaining these gains, ultimately placing youth in unsafe contexts and further contributing to their state of vulnerability.

It is precisely this moment of vulnerability that most youth reported being introduced to the commercial sex industry. In the theme family Childhood Commercial Sexual Exploitation, co-researchers described the experience of being “trapped” in the underground sex economy. Many youth explained that their desire for love and affirmation led them to connect with exploiters or “pimps”. They described a process of manipulation, where the exploiter led them to believe the relationship was safe and supportive. After a period of “grooming”, the exploiter forced them to engage in commercial sex through physical force or emotional manipulation. Other youth explained that they did not connect with an exploiter, but rather they lacked basic necessities, such as shelter and sustenance, after running away from home. Seeking to meet their basic survival needs, and seeing no other viable option, youth were forced to engage in commercial sex. Co-researchers described engagement in the commercial sex economy as painful and traumatic. They explained that their boundaries were routinely violated by consumers and exploiters. Further, they described a lack of agency over their own bodies, a perceived lack of alternatives, and an inability to seek help.

Maintenance Factors served to reinforce youths’ sense of helplessness and isolation, making it more difficult for them to exit the underground sex economy. Their experiences within the mental health system were often described as negative and
disempowering. They explained that providers were often perceived as threatening and uncaring, and that they felt unjustly labeled by mental illness diagnoses. They described repeated experiences of involuntary hospitalization following mandated reporting by providers. These experiences served to undermine their trust in clinicians. Admission to acute psychiatric and rehabilitation facilities simulated the feeling of being “trapped” that youth experienced during sexual exploitation and in abusive homes, triggering the desire to escape. Further, youth described feeling judged by others with regard to their mental illness diagnoses, past experiences, and physical appearances. These negative messages had a significant impact on co-researchers’ self-images. As a result, youth felt unable to seek help and exit the commercial sex economy.

Co-researchers began Building Resiliency in response to affirming experiences that pushed them to initiate positive life changes. In particular, youth identified factors that helped them to foster hope and positive connection. Survivors explained that their faith provided them with social connection, purpose, and the potential for redemption. Likewise, their roles as mothers and mentors to younger siblings instilled a sense of responsibility and duty. Maturity and self-exploration, often in a therapeutic context, allowed youth to develop a deeper awareness of their own internal processes, including their thoughts, feelings, and behaviors. As such, they were able to deepen their sense of agency and identify positive methods of coping with life stressors. This knowledge strengthened their capacity to respond to difficult situations in ways that supported their recovery.

Some survivors reported that they were able to move beyond recovery from trauma to Thriving, a state where they experienced personal growth secondary to
adversity. In this stage, many co-researchers identified future goals in the areas of education, career, and family. They expressed the desire to pursue higher education, obtain fulfilling careers, and establish healthy families. Further, youth stated a desire to serve as advocates for themselves and their communities. In particular, they expressed concern regarding the treatment of children within the dependency system and a desire to advocate on behalf of vulnerable youth, exhibiting a heightened sense of empowerment and purpose.

It is important to note that this model is non-linear and fluid in nature. For example, *Push Factors* and *Maintenance Factors* may be mutually dependent in that risky behaviors can increase stigmatization, and youth may cope with stigma by further engaging in risky behaviors. Likewise, youth may begin to *Build Resiliency* by implementing healthy coping skills, but choose to cope with new stressors by engaging in *Push Factors*, such as isolating socially or using illicit substances. These behaviors may increase their sense of helplessness in the face of *Childhood Commercial Sexual Exploitation*. Further, each stage does not occur in a vacuum, but rather is situated within a larger context, where marginalized youth are subject to a sexist, heterosexist, racist, xenophobic, classist, patriarchal culture that does not afford them the opportunity to pursue viable alternatives.
Figure 6.1: The CSEC Model of Exploitation

**RISK FACTORS:**
- Unstable family systems;
- Involvement with the dependency system;
- Unsafe school environments;
- Early experiences of loss, violence, or trauma.

**PUSH FACTORS:**
- Abusive relationships;
- Substance use;
- Unplanned pregnancy;
- Social isolation;
- Runaway behavior;
- Suicidal ideation.

**MAINTENANCE FACTORS:**
- Negative experiences within the mental health system;
- Stigmatization and marginalization;
- Negative self-image.

**SEXUAL EXPLOITATION:**
- Exploitors or pimps;
- Survival, Pain and trauma; Feeling trapped.

**THRIVING:**
- Future career, education, and family goals;
- Advocacy for self and community.

**BUILDING RESILIENCY:**
- Religion; Motherhood; Social support and responsibility;
- Agency and healthy choices;
- Development of internal awareness; Positive coping.
Chapter Six: Discussion

Implications

The results of this study have significant implications for the prevention of child sex trafficking and the clinical treatment of survivors. Further, they provide recommendations for policy and advocacy initiatives with the potential to positively impact survivors and their families.

Prevention

Co-researchers dedicated a significant portion of group time to discussing the circumstances that increased their vulnerability to exploitation. In particular, they noted that their early lives were often characterized by a lack of safe and affirming contexts. They described prolonged childhood abuse within an often invalidating and deficient home environment. Many of the youth encountered further rejection, abuse, and neglect upon entering the dependency or foster care system. In addition, educational contexts were characterized by indifferent or threatening adult figures and bullying peers. Within these invalidating and chaotic contexts, youth experienced additional traumas, including violence and loss.

To cope with these difficult experiences, they often engaged in unhealthy, but temporarily effective, strategies, such as social withdrawal and substance abuse. These qualities made them vulnerable to exploiters who offered the pretense of love, support, and validation. Further, youth who felt abandoned and alone reported feeling forced to engage in commercial sex in order to secure basic necessities such as food and shelter.
Thus, the co-researchers reported that sexual exploitation depends upon the destabilizing effect of systemic marginalization, poverty, and chaotic family systems. Early intervention, in the form of support for disenfranchised youth and their families, could help mitigate many of the vulnerabilities that facilitate sexual exploitation. Further, communities and schools must be educated and equipped to recognize and respond effectively to potentially exploitive situations.

**Addressing Systemic Risk Factors**

In order to address the issue of childhood sexual exploitation, society must examine the impact of systemic inequity on the well-being of families and vulnerable youth. Due to intersections in race, class, gender, sexual orientation, ethnicity, and socioeconomic status, many survivors described a childhood characterized by limited access to appropriate healthcare services, education, and nutrition. Further, co-researchers explained that their families were negatively impacted by such experiences as incarceration, violence, and addiction. While many co-researchers reported being victimized by exploiters, some explained that they remained in the underground sex economy due to a lack of viable alternatives. By advocating for a more equitable society, we reduce the likelihood that youth will be sexually exploited. In particular, the objectification and commodification of female bodies must be addressed at a systemic level in order to reduce rates of gender-based violence and sex trafficking.

Further, families in marginalized communities should receive support in order to diminish the likelihood that children will be sexually exploited. By strengthening the family systems of high-risk youth, vulnerabilities to exploitation may be mitigated, decreasing the likelihood that youth will engage in unhealthy coping mechanisms and
increasing the capacity of families to respond effectively to adverse situations. Governmental programs and non-profit organizations should provide culturally appropriate and affordable services to families focused on strengthening their capacity to meet the needs of youth. Services could promote effective strategies for coping with external stressors and reduce risk for future exploitation. Governmental programs, such as paid parental leave, free daycare, and universal healthcare allow parents the ability to secure financial independence while also ensuring that children receive the adequate care. Additionally, families should have affordable and culturally responsive forms of support made available to them, including parenting classes and family therapy.

Every effort should be made to keep children within their family of origin; however, children, living in homes that compromise their physical and psychological well-being, may benefit from removal and placement in the dependency system. It is worth noting, however, that several co-researchers described their foster home placements as overwhelmingly negative experiences. Further, many explained that their involvement in the underground sexual economy occurred immediately following after leaving these placements. To prevent the sexual exploitation of youth, it is imperative that youth are placed in homes where they feel supported, affirmed, and safe. This issue may be addressed through several avenues: more stringent screening procedures for foster parents, extensive training for foster parents regarding developmentally appropriate care, and ongoing supports provided to foster families struggling to meet the needs of foster youth. Additionally, case workers should not be expected to handle an unrealistically large number of cases, but rather a smaller caseload that can be managed thoroughly and empathically.
Finally, schools need to be equipped with resources to provide youth with a safe and affirming space (Walker & Gresham, 1997). Educators and administrators should receive extensive training in order to identify the signs of abuse, neglect, and exploitation. Clear procedures must be delineated for coping with disclosures or suspected abuse. Issues around bullying should be addressed through a combination of psycho-education and community building. Teachers must be empowered to provide students with culturally-responsive and trauma-sensitive classrooms where community and creativity are nurtured (Sulkowski & Lazarus, 2016). While a review of best teaching practices for vulnerable communities is beyond the scope of this dissertation, the safety of the school setting must be addressed in order to prevent the sexual exploitation of youth.

_Educating Communities about CSEC_

In order to prevent the sexual exploitation of youth, communities must be accurately educated about the issue of commercial sexual exploitation. Co-researchers described feeling invisible and stigmatized in their local communities due to misconceptions about the nature of sex trafficking. The dominant anti-trafficking discourse characterizes CSEC as either “juvenile delinquents” or “powerless victims” (Sanghera, 2005). Results clearly show that neither of these descriptions is consistent with the way co-researchers made meaning of their personal experiences. To address childhood sexual exploitation within local communities, stakeholders must first develop a realistic understanding of the issues affecting vulnerable youth, the lived experiences of CSEC, and the multiplicity of standpoints that intersect for survivors. This education
must take place on multiple ecological levels (Bronfenbrenner, 1994) in order to effectively disrupt the process of exploitation.

Those in direct contact with youth, including biological or adoptive parents, foster parents, educators, clergy, coaches, and case workers, must be educated to identify risk factors for exploitation and to appropriately intervene. Youth facing relevant risk factors (e.g. unstable family systems, involvement in the dependency system, unsafe schools, and early experiences of loss or trauma) should be connected to appropriate support services. Youth who are involved in abusive relationships, use illicit substances, encounter unplanned pregnancies, engage in social isolation, or express suicidal ideation should be readily identified by adults and provided with quality mental health services. It is imperative that youth engaging in frequent runaway behavior receive supportive intervention. The factors motivating these behaviors must be explored and addressed. If the child reports feeling unsafe in their current place of residence, avenues for establishing safety must be explored and acted upon.

Education regarding CSEC must also occur at an institutional level. Schools and religious institutions should receive training to aid in the identification of risk factors related to sexual exploitation and meeting survivors’ needs. In particular, it is important that officials within the delinquency and dependency systems receive training to identify youth who may be at risk for trafficking or already be involved in the underground sex economy. Emergency responders, such as police officers and firefighters, must be trained to screen for potential exploitation and to empathically respond to youth who may be in distress. By empowering the community to address the issue of child sex trafficking, we
increase the likelihood that youth might receive appropriate intervention prior to engaging in commercial sex, thus decreasing the number of CSEC victims.

**Clinical Treatment of Survivors**

The current study results indicate that co-researchers may not view their experiences of exploitation as the defining feature of their life narrative. Rather, they see it as one traumatic experience embedded within a larger context of abuse, neglect, invalidation, and marginalization. Clinicians often label clients with a history of sexual exploitation as “victims” or “survivors”, carrying the implication that their traumatic experiences are a defining characteristic and should be the focus of treatment. Consistent with the literature, co-researchers described histories of prolonged childhood abuse and neglect (Cole et al., 2016), including multiple adverse childhood events (Layne et al., 2014). Further, they reported that they were often raised in invalidating interpersonal contexts, where they lacked adequate resources for the acquisition of adaptive living skills (Gold, 2000). Of note, when group members were empowered to focus on the issues most personally salient, they disproportionately allotted group time to discussing negative experiences within their families, schools, and the dependency system. They spent limited time discussing experiences of sexual exploitation. Given this information, service providers who focus treatment solely on the experience of exploitation, may miss potential opportunities to discuss topics of utmost importance to survivors.

The last two decades have seen a rise in the development of trauma-informed approaches. Due to a lack of formally established practices for working with childhood sexual exploitation survivors, providers frequently rely on brief, trauma-focused modalities with strong empirical support for similar populations, such as childhood
sexual abuse survivors. In order to meet the needs of trauma survivors, researchers aim to establish evidence-based treatments (EBTs) that demonstrate efficacy in randomized controlled treatments trials (RCTs) for the reduction of PTSD symptoms. Trauma-focused treatment is likely to be effective and relatively brief when an individual demonstrates a well-developed coping style and subsequent trauma is contained to a single or limited set of events (Gold, 2000). However, many young people are raised in families impacted by prolonged childhood abuse and report a family context that is less adaptable, less cohesive, less organized, less autonomous, more controlling, and characterized by higher levels of conflict (Gold, 2002). As such, their capacity to modulate emotions, tolerate distress, and connect with a therapist may be significantly compromised, further undermining the safety and efficacy of trauma-focused EBTs for PTSD.

Co-researchers described a wide-range of clinically-significant mental health symptoms that are often associated with post-traumatic stress disorder (PTSD), as well as depression, anxiety, attention deficit hyperactivity disorder (ADHD), bipolar disorder, and personality disorders. They reported interpersonal conflict, negative self-image, affective lability, low distress tolerance, suicidal ideation and attempts, truancy, runaway behavior, systemic mistrust, self-harm behaviors, substance use disorders, and sexual risk-taking behaviors. While trauma-focused interventions demonstrate efficacy in the reduction of PTSD symptomology, they may not have an appreciable impact on symptoms associated with other diagnoses. Gold (2002) makes the argument that trauma-focused intervention may be contra-indicated in situations where the processing of trauma is likely to exacerbate other forms of symptomology.
The misapplication of brief-trauma focused interventions may account for the level of discontent that co-researchers expressed in regard to their mental healthcare. You uniformly described negative experiences with mental health providers, explaining that they often felt unheard, misunderstood, stigmatized, invalidated, betrayed, and threatened by clinicians. As a result, they expressed an aversion to mental health services, particularly within agencies associated with the child welfare or juvenile detention systems. If the intention of clinicians is to engage CSEC in the therapeutic process, then clinical approaches must be altered to meet the unique needs of this complex population. More specifically, CSEC require care that is recovery-oriented, trauma-informed, culturally relevant, contextualized, and evidence-based.

**Recovery-Oriented Care**

In 2002, the New Freedom Commission on Mental Health conducted a comprehensive study of the mental health system and determined that the primary goal of services should be to foster recovery from mental illness and disability (Hogan, 2003). At the 2004 National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation, convened by SAMHSA, a group of patients, health-care professionals, researchers and community members created 10 core principles of recovery orientation. Of note, clients or patients were conceptualized as and referred to by the term “consumers”. Panelists explained that recovery-oriented care should include: self-direction (consumers define their own treatment goals and determine their own path to recovery), individualized person-centered care (pathway to recovery should be based on unique strengths, needs, preferences, experiences and cultural backgrounds), empowerment (consumers participate in all decision making processes), holistic care
(recovery focuses on wellbeing of mind, body, spirit and community), nonlinear (treatment acknowledges that recovery is based on continual growth and occasional setbacks), strengths-based (recovery builds on consumers’ strengths), peer support (mutual support plays an invaluable role in recovery), respect (acceptance and appreciation by society, communities, systems of care and consumers themselves are crucial to recovery), responsibility (an acknowledgement that consumers are responsible for their own self-care and journeys of recovery), hope (the motivating message behind recovery is the conviction that people can and do overcome obstacles in order to secure a better future).

Rather than dictating the best course of treatment, recovery-oriented care empowers survivors to direct their own process of recovery. This is particularly important for CSEC, as their personal agency has often been compromised by exploiters and abusers. To benefit from therapeutic interventions, survivors must first establish safety within the therapeutic relationship and buy into the system of care. To address the concerns of co-researchers who often felt invalidated by the current system of mental health, clinical treatment of CSEC should adopt a recovery-oriented approach. In particular, research supports that psychoeducation techniques demonstrate a positive effect for people diagnosed with PTSD. Glynn et al. (2009) recommends encouraging survivors of trauma to engage in self-care and independent living. They suggest utilizing family services, continued psychoeducation, housing assistance, and vocational support. Social skills training may serve as an additional asset to individuals who struggle to maintain healthy interpersonal relationships.
Exploring the application of recovery-oriented care to the treatment of individuals with PTSD, Smith et al. (2016) recommend increasing social support. Community is central to the recovery process, as traumatic experiences often disrupt individuals’ abilities to form and maintain important interpersonal relationships (Brown, 2008; Tsai et al., 2012). Peer support and self-help are suggested tools that may aid in the process of recovery and foster mutual social support. Providers should explicitly work to cultivate hope and connection. The use of realistic goal setting can help survivors to increase their overall sense of wellbeing. Additionally, fostering engagement in meaningful activities can help survivors establish a sense of purpose, agency, and self-efficacy. It is important to help survivors construct meaning around their previous trauma experience. Evidence-based approaches, such as Seeking Safety (Najavits, 2002), Acceptance and Commitment Therapy (Hayes et al., 1999), Dialectical Behavioral Therapy (Linehan et al., 1999), and Logotherapy (Frankl, 1986), may assist in this process.

In addition, Smith et al. (2016) suggest that clinicians should help survivors to establish a sense of identity that incorporates mental illness and trauma experiences as discrete aspects of a larger sense of self. The use of self-compassion (Neff, 2003) and mindfulness (Linehan et al., 1999) can help to accomplish this goal. Public stigma and self-stigma related to mental illness must be addressed in treatment as barriers to recovery (Corrigan et al., 2012). Individuals should be empowered to assume control over their treatment process (Smith et al., 2016). This can be achieved through the use of non-directive and trauma sensitive approaches that help to establish an affirming, individualized, and culturally relevant therapeutic environment. Similarly, treatment should occur in the least restrictive environment, empowering CSEC survivors to live
independently. The goal of recovery should be one of collaboration, whereby survivors are able to establish autonomy, reduce symptoms, and live a meaningful life in accordance with one’s values.

**Diagnostic Clarity**

The results of this study indicate that CSEC presented with clinical complexity and comorbid diagnoses. Many co-researchers appeared to meet criteria for Complex PTSD (CP), a clinical construct described by Judith Herman (1992) and currently under consideration for the ICD-11. Although PTSD and Complex PTSD both have origins in trauma, they differ in etiology. To receive a diagnosis of PTSD, an individual must be directly or indirectly exposed to an event in which actual or threatened death, serious injury, or sexual violence were present. Further, the traumatic event must be persistently re-experienced, in the form of intrusive thoughts, nightmares, or flashbacks. Trauma reminders must elicit emotional distress and physical reactivity. Avoidance of trauma-related stimuli must be present, as well as negative thoughts or feelings that began or worsened after the trauma, such as overly negative assumptions about oneself or the world. Additionally, trauma-related arousal and reactivity must be present, including irritability, hypervigilance, and/or difficulty concentrating.

In contrast to PTSD which can result from the experience of a single traumatic event in an otherwise healthy functioning individual, complex PTSD is a constellation of symptoms that is hypothesized to stem from prolonged and repeated exposure to trauma. For example, CP has been documented in survivors of childhood physical and sexual abuse, chronic spousal abuse, and extended combat exposure (Taylor et al., 2006). Specifically, this diagnosis often refers to survivors of ongoing childhood abuse,
particularly with a focus on interpersonal trauma. Features of CP are captured in the diagnostic criteria proposed by Pelcovitz et al. (1997) for complex PTSD: (a) alternation in the regulation of affective arousal and impulses (e.g., difficulty modulating anger), (b) alternations in attention or consciousness (e.g., dissociative episodes), (c) alternations in self-perception (e.g., a sense of being permanently damaged), (d) alternations in perceptions of the perpetrator (e.g., idealizing a sexually abusive parent), (e) alternations in relationships with others (e.g., inability to trust others), (f) somatization (e.g., chronic pain), and (g) alternations in systems of meaning (e.g., despair and hopelessness). There is a strong overlap in symptomology between Complex PTSD and Borderline Personality Disorder (BPD), but the etiology of the pathology differs in that BPD centers on the individual’s functioning, while Complex PTSD, like PTSD, attributes pathology to the circumstances extraneous to the individual (Gold, 2000).

Evidence-based treatments for PTSD, such as Prolonged Exposure (Foa et al., 2007), Cognitive Processing Therapy (Resick & Schnicke, 1992), and Eye Movement Desensitization and Reprocessing (Shapiro & Solomon, 1995), often focus on the processing of traumatic events. While these treatments are effective at PTSD symptom reduction, they might be inappropriate for those with Complex PTSD, as they do not address the myriad of difficulties experienced by survivors of prolonged childhood abuse (Gold, 2000). Further, Complex PTSD may be more difficult to treat than simple PTSD, due to individuals’ mistrust, disinhibition, and characterological traits (Ide & Paez, 2000). There is some evidence to suggest that drop-out rates are significantly higher during exposure-based treatments for survivors of prolonged childhood sexual abuse (McDonagh et al., 2005). Prior to processing traumatic material, clinical intervention
must focus on addressing safety, remediating developmental deficits, and attaining adequate social and occupational functioning (Gold, 2008). Without first addressing these important considerations, confronting traumatic material is unlikely to be productive and may exacerbate individuals’ distress (Gold & Brown, 1997).

*contextual approach*

It is important for clinicians who work with CSEC to recognize that the childhood family environment, in addition to experiences of sexual exploitation, may contribute to the etiology of clinical symptoms. All co-researchers described a personal history of sexual exploitation situated within an ineffective, invalidating, or abusive home environment. Gold (2000) suggests that the core process of clinical intervention for survivors of prolonged childhood sexual abuse must focus on developing their capacity to manage distress and engage in effective daily functioning. For survivors of prolonged childhood abuse, treatment that solely focuses on detailed recollection of traumatic experiences has the potential to be destabilizing and counter-productive. Rather than focusing exclusively on experiences of sexual trauma, the contextual paradigm views abuse as embedded within a larger interpersonal context characterized by unreliable and ineffective attachment figures. For survivors of prolonged childhood abuse, this skill of affect regulation may never have been developed due to a lack of secure attachment figures and effective mentorship (Gold, 2008). As a result, survivors may model ineffective coping strategies for coping with distress, such as violence or substance use (Gold, 2001). This places them at a higher risk for additional traumatic events, such as commercial sexual exploitation, and impedes their ability to effectively meet the demands of daily living. Further, it limits their ability to effectively participate in trauma-focused
therapy and increases the likelihood that they may decompensate following such intervention.

Contextual psychotherapy provides an alternative approach to trauma-focused therapy. The focus of therapy is to help the survivor function more effectively in the present and stay grounded, rather than to address past trauma (Gold, 2008). The approach is characterized by three overarching goals: collaborative relating, collaborative conceptualization, and skills acquisition (See Figure 1). These goals are prioritized on an individualized basis in order to help survivors meet their treatment goals. Collaborative relating is intended to strengthen therapeutic rapport and address deficits in interpersonal functioning. Many survivors enter treatment with limitations in their capacity to form trusting connections. For this reason, clinicians must provide survivors with a context in which they can engage in a supportive and effective therapeutic relationship (Gold, 2001).

Establishing a collaborative therapeutic relationship involves the implementation of healthy boundaries that foster a stable and sustainable connection. This relationship must further be characterized by a sense of empathy and empowerment. The survivor is empowered to participate in the process of conceptualization, which should occur under the direction of the survivor rather than the therapist. Empowering the survivor to explore their current functioning in light of past experiences, helps them to redefine their self-perception and recognize that apparent shortcomings are rooted in past adversity, and, thus, can be overcome.

The final goal of contextual therapy is the implementation of skills-based training techniques to help survivors increase their capacity for coping and adaptation. These
abilities may have been thwarted at an early age due to an ineffective family context (Gold, 2000). In short, skills training is intended to remediate developmental deficits incurred as a function of family context, with the intention of improving current well-being (Gold, 2008).

As contextual goals are met, survivors will be better equipped to focus on cognitive interventions and tolerate corresponding emotional processes without dissociating or decompensating. Further, survivors will be less likely to engage in ineffective and self-destructive coping behaviors, such as substance abuse or self-harm (Gold, 2001). The implication is that survivors may then engage in trauma-focused intervention following this period of stabilization, as they will be more prepared to tolerate traumatic content and benefit from processing approaches. However, Gold (2001) cautions that following contextual psychotherapy, survivors may feel that their primary symptoms are substantially mitigated and no longer require detailed trauma processing. He explains that trauma processing should only occur if it is initiated by the survivor. If imposed, the clinician risks disempowering and re-traumatizing the survivor (Gold, 2000). Survivors may benefit from exploring aspects of adult living that pose challenges, such as establishing healthy intimate relationships, obtaining stable employment, or managing finances. In this way, the course of contextual psychotherapy culminates in an improved quality of life, rather than focusing exclusively on the reduction of trauma-based symptoms (Gold, 2001).
Evidence-Based Approaches within a Contextual Framework

Although contextual psychotherapy has strong theoretical and community-defined support (Gold, 2008; Martinez et al., 2010), mental healthcare providers are often required to implement Evidence-Based Treatments (EBTs) as clinical interventions for trauma (Berliner & Kolko, 2016). Yet, it is possible to incorporate EBTs into a framework that is consistent with a contextual and recovery-oriented approach. More specifically, adaptations of Dialectical Behavioral Therapy (DBT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), constitute promising approaches for the clinical treatment of CSEC. Both of these approaches are consistent with a recovery-oriented and contextual approach, in that treatment is phase-based and focused on current functioning. DBT may be adapted to include a secondary trauma-processing phase should the clinician and survivor collaboratively determine this is an appropriate course of action. Although TF-CBT integrates trauma-processing as an integral component of
treatment, a more contextual approach would allow survivors the opportunity to
determine whether this second phase of treatment would be beneficial to them. Clinicians
should work collaboratively with individuals to determine which approach would be most
beneficial.

*Dialectical Behavior Therapy*

Dialectical Behavior Therapy (DBT) has emerged as an intervention for suicidal
individuals often presenting with complex, multi-diagnostic, high-risk disorders, a similar
presentation to co-researchers. DBT applies standard behavioral therapy that aims to
assist clients in building a “life worth living”. It has strong empirical support for the
treatment of BPD, a diagnosis often reported for individuals with a history of prolonged
childhood abuse, who be described as experiencing complex trauma (Lynch et al., 2006;
Herman et al., 1989). Empirical support exists for the effective use of DBT with
survivors of childhood sexual abuse and complex trauma (Wagner et al., 2007). There is
also evidence to support the use of DBT with suicidal adolescents (Miller et al., 2006).
Further, there is reason to believe that improved affect regulation, distress tolerance, and
interpersonal effectiveness may mitigate risks for re-victimization in childhood sexual
abuse survivors (Decker & Naugle, 2008).

DBT combines skills-based training with current problem solving in order to
address motivational issues, increase distress tolerance, improve interpersonal
effectiveness, enhance emotional regulation, implement mindfulness techniques, and
foster radical acceptance. Treatment is divided into four hierarchical stages that are
intended to reduce ineffective action patterns linked to dysregulated emotions (Chapman,
2006). The focus of treatment in stage 1 is to stabilize the individual. An emphasis is
placed on decreasing imminent life interfering behaviors (e.g. suicidal attempts, self-injury), therapy interfering behaviors (e.g. missing treatment, non-collaboration), and increasing skillful behaviors to replace dysfunctional behaviors through DBT skills training. Stage 2 works to help the individual experience a full range of emotions (positive and negative) without engaging in reactive behaviors. Stages 3 and 4 focus on incorporating skills into everyday life in order to increase quality of life (Linehan & Wilk, 2015).

The stages of treatment in DBT closely mirror the trajectory of contextual therapy. Emotional stabilization and distress tolerance are preliminary goals of treatment and must precede any trauma-focused intervention. While contextual therapy views problems of current functioning as developmental deficits rooted in an ineffective family context (Gold, 2000), DBT views these problems as resulting from a chronically invalidating childhood environment (Linehan & Wilk, 2015). DBT, an evidence-based practice, offers clinicians a manualized model for targeting the specific symptoms reported by survivors and remediating developmental deficits through skills-based training. Functional behavior analyses, which identifies contextual factors related to problem behaviors, can be used as a tool to facilitate collaborative conceptualization. After a period of stabilization and increased distress tolerance, trauma processing may be incorporated (Stage 2), given that the survivor agrees that this will aid in the process of recovery.

Harned et al. (2012) developed and pilot tested a protocol based on Prolonged Exposure (PE) that can be added to DBT to treat PTSD in suicidal and self-injuring individuals with BPD. PE is a cognitive-behavioral treatment that reduces symptoms of
PTSD through a process of imaginal and in-vivo exposures (Foa et al., 2008). The protocol contains a standard DBT routine: weekly individual therapy, group skills training, therapist consultation team, and between-session phone coaching, lasting for one year. During Stage 2 of treatment, the PE protocol is delivered in weekly 90-120 minute therapy sessions while clients continue to receive all modes of DBT. Once the PE protocol is complete, Stage 3 continues to use standard DBT to address any remaining problems in living, including building social support or increased valued activities, such as work or school. The treatment was associated with significant reductions in PTSD, suicidal ideation, dissociation, trauma-related guilt cognitions, shame, anxiety, depression, and social adjustment. There was no evidence that DBT PE led to exacerbations of intentional self-injury urges or behaviors, PTSD symptoms, treatment dropout, or crisis service use. For survivors who feel that they may benefit from the processing of traumatic experiences, DBT-PE offers a promising treatment option.

Similarly, Steil et al. (2011) developed a 3-month residential DBT protocol for the treatment of PTSD symptoms in female adult survivors of childhood sexual abuse. The approach integrates the methods and principles of DBT with methods of trauma-focused cognitive behavioral therapy (Ehlers & Clark, 2008). The program relies on basic DBT assumptions and strategies, with the goal of reducing fear of trauma-associated memories, exploring secondary emotions such as guilt and shame, and embracing trauma facts with radical acceptance. The intervention consists of three treatment phases. During the initial phase of treatment, survivors learn to identify individual avoidance strategies and use DBT skills to replace ineffective behaviors. During the second phase of treatment, individuals process traumatic experiences while simultaneously implementing
DBT skills for modulating distress during in-vivo and imaginal exposures. The final phase focuses on using the concept of radical acceptance to help survivors accept trauma-related biographical facts (Kruger et al., 2014). There is evidence to suggest that DBT-PTSD can be safely used with complex individuals, demonstrating severe comorbidity, and that symptoms of PTSD are unlikely to be exacerbated. Further, there is evidence to support the idea that this intervention has a strong treatment effect on symptoms of depression in addition to PTSD (Steil et al., 2011). DBT-PTSD offers another contextual alternative to traditional trauma-focused approaches.

**Trauma-Focused Cognitive Behavioral Therapy with Adaptations**

The efficacy of trauma-focused cognitive behavioral therapy (TF-CBT) for the treatment of child and adolescent PTSD is well-established in the literature. As such, TF-CBT has been widely recognized as an EBT for survivors of childhood trauma (Silverman et al., 2008). The intervention was originally developed to treat symptoms of posttraumatic stress in children exposed to sexual abuse (Cohen et al., 2004; Cohen & Mannarino, 1996), but empirical support now exists for the use of TF-CBT with children exposed to various types of trauma (Jensen et al., 2014). Studies examining the efficacy of TF-CBT have generally been conducted with youth exposed to a specific type of trauma (Cohen et al., 2012) and have been placed in specialty clinics rather than community settings (Jensen et al., 2014). As such, there is less support for the use of standard TF-CBT with youth who present with complex trauma and severe comorbidity. For these individuals, TF-CBT with adaptations for complex trauma led to significantly greater improvement in emotional and behavioral problems, reduction in reported PTSD symptoms, and decreased placement disruption for youth in the foster care system who
were at high risk of placement disruption due to externalizing behaviors (Weiner et al., 2009).

Cohen et al. (2012) recommends adapting the TF-CBT protocol in order to meet the needs of youth with complex trauma symptoms. More specifically, she explains that the protocol’s central components can be divided into three distinct phases (paralleling the contextual model): an initial coping and skills-building phase, a secondary trauma narrative and processing phase, and a final treatment consolidation and closure phase (Cohen et al., 2012). In this iteration, therapists typically divide treatment sessions evenly among these three phases, Cohen et al. (2012) recommends that therapists working with complex trauma should modify the protocol to dedicate about half of treatment sessions to building therapeutic rapport and developing coping skills. Further, the duration of the protocol should be extended, from the typical 8–16 50-minute sessions to 25-30 50-minute sessions. The importance of providing youth and families with a safe and predictable relationships is emphasized.

The first phase of adapted TF-CBT should focus on the promotion of client safety, psychoeducation, and the development of skills related to parenting, relaxation, affective modulation, and cognitive coping. Cohen et al. (2012) emphasizes that the youth’s sense of safety is often the core therapeutic goal for many clients and must be the first treatment priority. Psychoeducation provides the youth and caregiver with information about trauma impact, trauma reminders, and hope for recovery (Cohen et al., 2011). When youth have faced multiple traumas, it can be difficult to focus on a single event. As such, Cohen et al. (2012) recommends focusing on underlying trauma “theme(s)” that are pervasive throughout the client’s traumatic experiences rather than a specific trauma type.
A process similar to collaborative conceptualization is used whereby the therapist and youth collaborate to co-identify the youth’s key themes early in treatment. Similarly, maladaptive coping strategies are validated as attempts to manage distress, and alternative effective approaches are offered in the form of skills-based training.

Early in treatment, the focus should be on addressing skills deficits rather than processing trauma, as youth may become highly dysregulated if initially confronted with trauma-material. TF-CBT offers a unique component in working with the youth’s guardian to facilitate deeper connection and understanding. In order to support youth with complex trauma, caregivers must learn to locate the youth’s difficulties within a particular context rather than one of internal deficit. In some cases, it may not be appropriate to involve the biological parent in parental training. In that case, any significant adult may be invited to help support the youth. For CSEC who can identify a potentially stable adult, this poses an additional benefit.

Cohen et al. (2012) suggests that trauma-processing in the second phase of treatment is necessary in order to gain a deeper insight and enhance self-regulation mastery. Working within a contextual framework requires that clinicians collaborate with survivors to identify whether trauma-processing is indicated or desired (Gold, 2000). For youth who express a desire to explore trauma, completing a trauma narrative may assist them in obtaining an optimal level of self-regulation (Deblinger et al., 2011). Although the standard TF-CBT protocol focuses on a specific incident of trauma, youth with complex trauma may feel unable to select a singular incident to process. As such, Cohen et al. (2012) suggests focusing the trauma narrative on a trauma theme rather than a chosen trauma. This may take the form of a “life narrative”, beginning with the youth’s
earliest memory and proceeding sequentially. The trauma theme will emerge as the central focus through references to relevant events, experiences, sensations, thoughts, and feelings. Youth with significant avoidance and arousal symptoms may benefit from in vivo exposures, but may also require a longer period of time to achieve habitation. For youth with complex trauma, it should be noted that sharing their narrative with a caregiver may be a point of contention due to shame, systemic mistrust, or a sense of family loyalty. As such, the clinician should ensure that the identified caregiver is motivated, well-regulated, and prepared to support the survivor prior to conjoint sessions. Further, the survivor’s concerns should be validated and a clear rationale for sharing the narrative should be provided. The final decision should be left to the survivor.

The final phase of TF-CBT encourages the gradual transfer of communication from the therapist to the caregiver, generalizing the ability to establish positive, safe, and trusting relationships with adult figures. As the youth shares their narrative directly with the caregiver, the caregiver should respond supportively, allowing the youth to develop confidence in the relationship. For youth with complex trauma, this process may take longer than the typical TF-CBT protocol. Further, these individuals may struggle to integrate skills acquired during treatment into their daily life. As such, Cohen et al. (2012) suggest that the therapist support the youth in applying acquired skills, while anticipating a non-linear process and possible setbacks. By learning to tolerate the distress associated with small disappointments, youth increase their sense of mastery in multiple domains.

Implications for training clinicians
In order to meet the clinical needs of CSEC and other survivors of prolonged childhood abuse, clinicians must be equipped to provide psychotherapeutic services that are trauma-informed, recovery-oriented, culturally responsive, and contextual. This means that training programs must emphasize the importance of patient-centered approaches to psychotherapy, in addition to providing training in the provision of brief evidenced-based interventions. Trainees should be provided with opportunities to work with diagnostically complex patient populations to increase their capacity to respond flexibility to the demands of CSEC. Further, supervision should emphasize a contextual approach to treating complex trauma, rather than focusing exclusively on the reduction of PTSD symptoms through the implementation of EBTs.

**Empowerment and Advocacy**

The results of the current study confirm that commercial sexual exploitation is inextricably linked to social injustice. As such, it is insufficient to rely on the clinical treatment of survivors without addressing the detrimental impact of structural inequality. Providers working with CSEC have an obligation to serve as agents of social change, advocating on behalf of survivors, and empowering survivors to serve as leaders within their communities.

**Survivor Leadership**

Co-researchers expressed a desire to serve as leaders and advocates in their communities. As such, programming for CSEC should include a youth development component that encourages leadership, and empowers survivors to embrace their strengths, to critically examine their experiences, and to promote social change. Rachel
Loyd (2008), the founder of Girls Educational and Mentoring Services (GEMS) and a survivor of commercial sexual exploitation, makes suggestions for supporting the development of leadership qualities with CSEC. The Youth Leadership Program at GEMS educates survivors on the intersection of social injustice and sexual exploitation. CSEC receive training to gain skills in organizing and advocacy. They are offered opportunities to develop their skills through community outreach, public speaking events, advocacy, and media work. Additionally, survivors are equipped with psychoeducation regarding commercial sexual exploitation, helping them to become advocates for their own needs and the needs of their respective communities. Paid responsibilities provide survivors with viable economic opportunities to implement leadership skills. Additionally, educational initiatives should provide survivors with incentives to pursue higher education and offer on-site tutoring to support them in their quest to become self-sufficient. Through the development of knowledge, skills, and self-confidence, survivors become better equipped with transferrable skills to participate and thrive in society.

Further, survivors should be offered opportunities to inhabit leadership roles within treatment programs. Co-researchers explained that being a mentor represented a strong motivating factor to them. They valued their roles as positive examples to their siblings and children. Likewise, the same sense of social responsibility could benefit survivors who serve as mentors to new CSEC coming into a rehabilitative program. Further, this approach would benefit new survivors, as it would offer them an opportunity to form a positive social bond, gain peer support, and observe their own potential to become a leader.
Psychologists as Advocates

In order to truly meet the needs of CSEC, clinicians must serve as advocates who attend to systemic power dynamics that further disenfranchise vulnerable youth. Critical psychology is an approach that challenges the field to address social inequity by acknowledging that mental health is inextricably linked to social justice (Aldarondo, 2007). Prilleltensky and Prilleltensky (2003) explain that poverty, marginalization, exclusion, exploitation, and injustice have a harmful impact on the physical, emotional, and spiritual well-being of people. As such, it is insufficient for psychologists to rely exclusively on clinical interventions and personal empowerment initiatives to address the damage of structural inequality. Psychologists must engage in advocacy, prevention, and social justice initiative in order to impact social change (Vera & Speight, 2003).

Psychologists can serve as advocates for CSEC by using research as a tool for social justice. Rather than gaining knowledge “for knowledge’s sake” (Vera & Speight, 2003; p. 265), researchers working with CSEC must engage in work that is applied and relevant to the community. In order to achieve this goal, research must be collaborative, action oriented, and socially relevant (Prilleltensky, 1997; Vera & Speight, 2003). Research findings might be presented directly to the research participants, community leaders, and policy makers through nontraditional outlets, so that knowledge gleaned through research processes is integrated directly into community initiatives (Vera & Speight, 2003). When research is conducted in this manner, knowledge becomes a tool of social action and prevention (Constantine et al, 2007). Through the development of a deeper and more accurate understanding of commercial sexual exploitation, policy makers and providers can more effectively respond to the needs of CSEC.
The present study is an example of community-based participatory research (CBPR), a methodology that uses a collaborative approach to equitably involve community members, organizational representatives, and researchers in all aspects of the research process. This arrangement serves to enhance the field’s understanding of community-based child sex trafficking and to integrate knowledge into action, such as dissemination of recommendations for prevention, treatment, and advocacy (Israel et al., 1998). By collaborating with CSEC, psychologists can advocate for systemic change that supports the wellbeing of youth and their communities. Information gathered through research initiatives could be used to educate policy makers, law enforcement, and/or school administrators to prevent the further exploitation of youth, identify victims, and meet the needs of survivors. Further, the present data supports a clear linkage between experiences of marginalization and subsequent exploitation. Thus, to address the issue of child sexual exploitation, psychologists must advocate for policies that address poverty and violence as well as increase access to quality healthcare and education.

Psychologists can serve as advocates to individual survivors in their capacity as clinicians by helping youth to interact with their environment in the most optimal manner (Vera & Speight, 2003; Aldarondo, 2007). Often this implies helping survivors confront ineffective interpretations of their environments or identify appropriate methods of coping with environmental stressors. In addition, this might include educating a survivor regarding legal rights or helping to prepare for potential experiences of racism or sexism. In this capacity, clinicians take on multiple roles, serving as counselor, liaison, and advocate for survivors. The environment can be altered through survivor or counselor action in order to make systems more helpful and affirming. This might include
connecting the youth to resources within the community or empowering them to become an advocate for sociopolitical change (Prilleltensky & Prilleltensky, 2003; Vera & Speight, 2003). Empowerment may take a cognitive form, confronting the survivor’s cognitive processes so that they can better cope with their surrounding environment. For example, an individual who feels that they are perceived as unintelligent as a result of an accent might be less inclined to pursue desired career opportunities. By learning more about the concept of linguistic discrimination, this individual may learn to re-frame this experience in an empowering way and pursue risks they might have avoided previously.

In order to meet the complex needs of CSEC, psychologists must extend their practice beyond the therapy room and academy to impact the systems contributing to the sexual exploitation of children.

Limitations

The present study faced several limitations. Some logistical limitations speak to the nature of community-based processes with vulnerable youth. While several co-researchers remained with the project from inception to conclusion, many co-researchers participated for only a brief portion of the project due to unstable home placements, runaway behaviors, substance use treatments, or legal trouble. Further, youth were consistently entering the program as the center received referrals. At the onset of data collection co-researchers voted to allow new participants to enter the group as they joined the center. This resulted in constant fluidity regarding the composition of the group and group dynamics. The number of group members also ranged weekly from 2 to 14 co-researchers. While this allowed for the representation of additional standpoints, it also had a negative effect on group cohesion at times, which may have inhibited co-
researchers from approaching more sensitive topics. Future studies might consider additional ways to facilitate regular attendance to photovoice groups, beyond the provision of transportation and small financial incentives.

Further, youth living in chaotic situations often neglected to complete their photography assignments. Despite each co-researcher receiving a digital camera at the onset of participation, many youth reported losing, breaking, or forgetting their cameras early in the process. As such, co-researchers preferred to submit photographs already stored on their personal cellular devices, previously posted to their social media accounts, or found on Google images. These images helped to facilitate important critical conversations, but were not always representative of youths’ artistic capabilities. Maintaining cameras at the site of the project and allotting youth protected time to complete photography assignments might help mitigate some of these challenges.

**Future Directions for Research**

The present study serves as a base for many potential research initiatives. It achieved the primary goal of gaining a deeper phenomenological understanding of the experience of commercially sexually exploited children in Miami, Florida. All of the participants involved in the study identified as cis-gender females. The literature clearly demonstrates that, while this demographic is susceptible to commercial sexual exploitation, they are not alone. More specifically, there is research to support that young males, LGBT youth, and, particularly trans youth of color, are likely to experience sexual exploitation at some point in their childhood (Dank, 2012). Similar initiatives should take place within these populations to gain a better understanding of the idiosyncratic nature of exploitation. Similarly, methods could be replicated with survivors of other types of human trafficking, including international sex or labor trafficking, to gain a better
understanding of similarities and differences between groups. A deeper understanding of these phenomena will aid service providers in efforts to prevent future trafficking and address the needs of victims and survivors.

Future exploratory work with female-identified CSEC might seek to gain a deeper understanding of the specific mechanisms involved in the process of sexual exploitation. Although co-researchers were extremely forthcoming about their experiences prior to exploitation, they chose to focus less on the specific experience of sex trafficking. Information about the specific methods of recruitment and control, consumers of commercial sex, locations where commercial sex might occur, and interactions with law enforcement would aid in efforts to prevent the sexual exploitation of youth and prosecute those responsible. Future studies may choose to focus more specifically on these issues, ask more pointed questions, or include an individual interview component, providing the opportunity for youth to discuss more threatening content outside of the group context.

The rich information offered by co-researchers provides strong clinical evidence for a more contextual or phasic approach to psychotherapy with CSEC. In particular, there is theoretical support for the use of DBT, DBT-PE, or adapted TF-CBT with similar populations. As there is a lack of empirical studies examining best clinical practices for working with this population, researchers should examine the efficacy and experience of different treatment options through the use of both qualitative and quantitative inquiry. While qualitative inquiry will help the field to better understand the way survivors might perceive the process of treatment, randomized control trials will help to ensure efficacy and establish best practices to meet the needs of CSEC
Finally, future studies should continue to incorporate the voices of survivors into the literature by engaging in collaborative and action-oriented work. Researchers must work to bridge the gap between academic conceptualizations of sex trafficking and the lived experiences of survivors in order to meet the needs of community members. The only way to successfully address the issue of human trafficking is to first gain a detailed understanding of the complex phenomenon. For this reason, it is imperative that service providers collaborate closely with youth who identify the needs and strengths of their own communities. This knowledge will equip service providers to create successful interventions, design prevention initiatives, and to advocate for policy changes to meet the real needs of commercially sexually exploited children.
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